

# Resettlement policy and services for disabled people

A Department of Employment Discussion Paper for the  
National Advisory Council for the Employment of the  
Disabled

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The paper was presented to the Council on  
July 20, 1972 for their comments. They have  
not yet had an opportunity to consider the  
proposals contained in the paper but they have  
undertaken to let the Secretary of State have  
their views as soon as possible.

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# 1 Introduction

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## Research Background

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1 In May 1970, after consultation with the National Advisory Council, the Research and Planning Division undertook a detailed review of the Department's policies and services for helping disabled people obtain and keep suitable employment. This was completed in March of this year. The aim of the review was to analyse the present situation, to undertake any necessary research, and to provide the Secretary of State with policy advice on how the Department's policies and services might develop in the future. The results of much of the research will be made available either in this or in subsequent papers.

2 The review has naturally raised a number of important questions about the future development of the Department's policies and services which are being considered within the Department and by the Secretary of State. Many of these questions have of course been examined by the Council and its sub-committees over the years; and members of the Council are well aware of the many difficult problems which need to be resolved. It is particularly important to emphasize therefore that no decision about future developments will be taken and no significant changes, should these seem desirable, will be made, until the Council and the other outside bodies concerned have been fully consulted.

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## Programme of Consultations

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3 The Department's policies and services for helping disabled people obtain and keep jobs may for convenience be divided into four categories, namely:

- (i) The Resettlement Service.
- (ii) Industrial Rehabilitation and Training.
- (iii) The Quota Scheme and Designated Employment.
- (iv) Sheltered Employment.

4 These topics are of course closely linked but they are sufficiently distinct to enable them to be treated intelligibly as separate areas of policy – as long as it is constantly borne in mind that each affects the other. Consultations will take place with the Council on each of these issues on the basis of four separate papers or consultative documents. This approach will avoid the risk that progress on some issues will be delayed by attempting to make progress on all issues simultaneously.

5 The question of industrial rehabilitation and training illustrates this point. The Department is currently engaged in wide consultations about the proposal, set out in "Training for the Future", that a National Training Agency should be established; and has already submitted papers on the implications of this proposal for the industrial rehabilitation and training of disabled people to the Council's Training and Employment Committee. Until these consultations are complete, and a decision has been taken about the NTA, there would be little advantage in detailed discussions with the Council about the Department's policies and services in this field. Moreover the recommendations of the Tunbridge Report on Rehabilitation, which was published on 15 June, need to be carefully considered before discussions with the Council on rehabilitation can sensibly begin. At any event it is hoped that a piecemeal approach will make the consultations more digestible for the Council.

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## Summary of Paper

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6 This first paper covers resettlement. The purpose is to analyse the characteristics of disabled people in the employment field and our present resettlement service; to



suggest that this analysis leads to the conclusion that a number of experiments to test possible developments should be put in hand, to seek the views of the Council on the validity of the analysis and in particular to obtain its views on the scope and form of the experiments which are proposed and which are set out in detail in Appendix 8. This paper does not propose that there should be any changes made in the resettlement service now. No changes will be proposed until the experiments are complete.

7 The detailed analysis which is set out in the following chapters makes clear that the Department's present employment policy for disabled people, which is more than a generation old, and the resettlement service, are under a variety of pressures including in particular changes in the structure and characteristics of the disabled population itself – the clientele of the service. For example clients with, on the one hand, age-related impairments and, on the other hand, mental and nervous conditions, are of growing significance and represent one of the main challenges to existing policy.

8 The change in the pattern of disablement has two important consequences. Firstly it tends to blur the distinction between disabled people and other disadvantaged people. On the one hand people with age-related impairments or with mental or nervous conditions share certain employment characteristics with some other disadvantaged groups; whilst on the other hand it is clear that we should to an increasing extent think of the employment problems of unemployed disabled people as being either connected with personal or psychological problems, or related to adverse movements in the labour market that affect older and unskilled people generally. This means not only that it is increasingly difficult to draw a line between disabled people and other disadvantaged people but that people in both groups share many employment problems.

9 The change in the pattern of disablement also suggests on the one hand that an increasing proportion of the Department's disabled clients may not need resettlement, in the sense of occupational redirection as opposed to non-specialist assistance in obtaining employment, and may not be able to benefit from specialised placement services (nor indeed from specialised industrial rehabilitation or training); and on the other hand that it is increasingly important to identify as early as possible those disabled people who are in need of resettlement and specialised services.

10 The Department therefore considers that there are a number of possible developments in the resettlement service which justify further detailed examination. There may be a need to make sophisticated and professional assessment facilities more readily available to disabled people. Such facilities might help to concentrate the resources of a specialised service on those who both need and can benefit from them; and at the same time might help to ensure that all disabled people, whether in need of specialised services or not, receive improved counselling and guidance. There may also be a need for improved procedures for following up the progress of recently resettled clients in their employment. The value of good 'follow-up' arrangements has long been recognised; but the need for such arrangements would clearly be increased if improved assessment procedures were to be introduced; in order, amongst other things, to ensure that the results of the assessment procedures were adequately monitored.

11 It would of course be possible to develop improved services on these lines within the framework of the present resettlement service and without extending the scope of that service. But if it is the case that there are other disadvantaged groups who could benefit from a specialised resettlement service, which would have much in common with the service provided for disabled people, and if these other groups share many of the employment problems of disabled people, it may be desirable to extend the scope of the present resettlement service so as to include other disadvantaged groups with special employment problems and to man this new service from a new specialism within the employment service.

12 In any event the Department considers that any changes should be approached cautiously on an experimental basis in order to find out which of the various options

work best in practice and to ensure that the costs and benefits of possible developments are fully explored.

13 It is therefore proposed to mount four experiments (described fully in Appendix 8) in order to find out, bearing in mind the costs and benefits involved:

- (a) whether the present disablement resettlement service should desirably be broadened so as to include other disadvantaged people with special employment problems.
- (b) or whether a separate specialised service should be provided for these other disadvantaged people
- (c) or whether it would be best to leave matters as they are and to concentrate on improving the effectiveness of the present service
- (d) whether it is desirable to concentrate the resources of a specialised service on those who both need, and can benefit from, resettlement
- (e) whether sophisticated and professional assessment facilities should be made more readily available
- (f) whether improved arrangements for the 'follow-up' of those recently resettled in employment are justified.

14 The views of the NACED are invited on:

- (a) whether the paper's analysis is valid
- (b) the scope and form of the four proposed experiments.

*Table 1 Social Survey  
Working Status of Disabled People (Men and Women)<sup>1</sup>*

<i>Age</i>	<i>16-29</i>	<i>30-49</i>	<i>50-64</i>	<i>Totals</i>	
Working	43,000	185,000	265,000	493,000	} 635,000 (employment field)
Unemployed	8,000	17,000	24,000	49,000	
Temporarily sick	4,000	32,000	56,000	93,000	
Occupation Centre	7,000	4,000	neg	11,000	} 637,000 (at home)
Housewife	7,000	61,000	203,000	271,000	
Retired	—	—	78,000	78,000	
Permanently disabled, unable to work again	17,000	66,000	205,000	291,000	
<b>Totals</b>	<b>89,000</b>	<b>366,000</b>	<b>833,000</b>	<b>1,288,000</b>	

(1) Social Survey Vol I, p. 4 and Vol II, Table 7.

Estimates are to the nearest 1,000 and discrepancies in the totals are due to rounding.



## 2 Disabled People

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### The Pattern of Disablement – General Statistics

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15 In the Disabled Persons (Employment) Act 1944 a disabled person was defined as one who “on account of injury disease or congenital deformity, is substantially handicapped in obtaining or keeping employment . . . of a kind . . . suited to his age, experience and qualifications”. An individual’s disablement has to be expected to last for at least one year before the provisions of the Act apply. The people covered by the Social Survey <sup>1</sup> published last year were those who suffer from some lasting impairment which “stops or limits their working, or getting about or taking care of themselves”.

16 Disablement is often thought of as consisting simply of a physical or mental impairment. In practice however it is often not so much the impairment itself, as what it produces in the impaired individual’s attitude to himself or to society, or added social problems, which inhibit his performance. Throughout this paper the word ‘impairment’ connotes the medical conditions only and the word ‘disablement’ the whole complex of personal reasons for an individual’s employment difficulty.

17 Almost all the comprehensive information about disabled people in Great Britain is either contained in the Social Survey, or related to people registered with the Department under the DP(E) Act. An analysis has been made, and is given at *Appendices 1, 2 and 3*, of all the unemployed people seeking the Department’s help on 1 October 1970 who were being treated as disabled (the so-called “Disabled Live File”). These three (Register, Social Survey and DLF analysis) are the main sources of information used throughout this paper and particularly in the present chapter, which sets out what is known about the numbers, characteristics, difficulties and types of impairment of disabled people of working age.

18 According to the Social Survey there were in 1969 about 3 million people with some lasting impairment living in private households of whom nearly 1·3 million were of working age. There are also substantial numbers in institutions. *Appendix 4* shows the working status of the 1·3 million according to sex and age group. Table 1 gives an abstract of the position. According to the Social Survey, therefore, there were some 635,000 people of working age immediately in the employment field, of whom some were sick and some were unemployed; in addition there were about 11,000 people being looked after by local authorities in Occupation Centres. A few of these are in fact in the employment field and waiting for a job.

19 The Social Survey’s estimates are based on people who identified themselves as impaired. Many impaired people who are able to maintain themselves decline to regard themselves as disabled and others choose to treat their condition as a confidential matter. Consequently it would not be surprising if the numbers of those in the employment field identified by the Social Survey fell short of the number covered by the rather wider definition of disablement in the DP(E) Act as applied by the Department.

20 In fact it is known that the number of disabled people in the employment field is substantially greater than 635,000 though the true figure can only be estimated within broad limits. There are some 620,000 people registered with the Department under the DP(E) Act.<sup>2</sup> Of these as many as 10 per cent may have died or retired. Some 75,000 registered disabled people (RDPs) are currently unemployed. Thus there are approximately 500,000 RDPs actually at work, or temporarily sick.

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(1) Handicapped and Impaired Persons in Great Britain (Harris and Buckle) HMSO 1971.

(2) As at April 1971.



21 Certain private studies have been carried out by doctors<sup>1</sup> in recent years to try to identify how many disabled people there really are in the nation's work force. This study does not cover a representative sample of industry. However the results are consistent; in no firm studied has the number of disabled people who could register been found to be less than 1.5 times the number of disabled people actually registered and in almost all cases the proportion seems to be 2 times or more depending on how much we allow for failure to identify – particularly mentally disabled people.

22 On that basis it seems reasonable to estimate that there are at least 1 million 'disabled' people actually at work in Great Britain, half of whom are registered with the Department. Thus probably between 4 and 5 per cent of the working population of Great Britain<sup>2</sup> could register as disabled persons, including those actually registered.

23 According to the Social Survey, whose estimates on this point are accepted by the Department of Health and Social Security, there are some 291,000 people who regard themselves as permanently sick and unable to work again. Most of these are older men, and most will be receiving either sickness or supplementary benefits. The proportion of these to the total of DPs of working age in each region tends to vary according to the regional unemployment rate. For example, the proportion in London and the South East is about 22 per cent while the unemployment rate in 1970 was 1.6 per cent; in Northern region the percentages are respectively 33 per cent and 5.2 per cent. It seems likely therefore that some of the 291,000 people would be in the employment field if there was any real likelihood of their getting a job. The same is probably true of some disabled people who are drawing sickness benefit for shorter periods and do not declare themselves to the Department as unemployed.

24 To summarise, therefore, there may be altogether one million disabled people at work and a further 100,000 who are unemployed<sup>3</sup> and being treated by the Department as disabled, about 75,000 of whom are registered as disabled. These 100,000 people are those commonly referred to within the Department as being on the 'Disabled Live File' (DLF). Beyond this it is difficult to make accurate assessments. There are certainly some disabled people who regard themselves as permanently sick, but who could work if suitable jobs were available, and there are some people registered as unemployed who are disabled, but not known to the Department as such, for example people suffering from mental conditions, they prefer to keep confidential, and people with internal disorders they do not themselves think of as 'disabling'.

The total number of these two groups could add up to a further 100,000 people, giving a total number of 1.2 million disabled people capable of work. This figure is necessarily speculative.

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## Disablement and Age

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25 Disabled people might be thought of as falling into three groups, as follows.

(These are in ascending order of numerical importance from (a) to (c). Unfortunately there is no basis for estimating the number in each group).

(a) People whose disability is congenital or acquired in youth, and whose education and early training may therefore have been affected. They include many people with mental handicap, organic nervous disorders such as epilepsy and spasticity, and deafness without speech. This group tends to dominate any statistics which refer to the age groups 16–25 but gradually to be lost in statistics referring to older groups which increasingly include people who have become disabled later in life.

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(1) Chronic Disabilities and Capacity for Work: P J Taylor and A J Fairlie: *British Journal of Preventive Social Medicine*, 1968.

(2) 24,855,000 (seasonally adjusted figure, March 1971).

(3) On 1 October 1970, there were 97,028.



- (b) People who through some accident or illness have become disabled during their mature working life, having had employment experience and perhaps training. This group includes a large number of people with injuries. It begins to show up in statistics for the age group 25-40. Such people probably have less difficulty in securing employment than any other disabled people.
- (c) People whose disabilities are either part of the ageing process or are associated with illnesses of advancing age e.g, particularly respiratory and heart conditions. These people tend to dominate the age groups over 45. Older people generally are in a weak position in the labour market, and the disabled among them are clearly somewhat worse off still.

26 Some disabled people, now generally in the age group 45 or over are people who have had tuberculosis or were disabled in the war. These are non-recurrent groups, and when interpreting current statistics for future purposes it is necessary to make allowance for their gradual withdrawal from the employment field.

27 Thus disablement is a feature of age both directly and by accumulation. Whatever measure is chosen about 50 per cent of disabled people in the employment field are 50 years of age or older.<sup>1</sup>

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### Sex of Disabled People

28 Appendix 4 shows that the number of disabled men and women of working age are approximately equal, although in the younger age groups the proportion of men is higher. However, of the 635,000 people numbered by the Social Survey as being actually in the employment field only 28 per cent are women and of RDPs, only 11 per cent are women<sup>2</sup>, as compared with 37 per cent of the whole national work force. Thus it seems that women are either more inclined than men to regard disablement as a bar to employment and find it easier to become housewives or there are fewer opportunities available to disabled women.

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### Impairments of Disabled People in the Employment Field

29 Most of the Department's knowledge about the impairments of disabled people in the employment field derives from the Register of Disabled Persons (para 16 above). But the Register is a very unsatisfactory source since it is incomplete (para 17 above). In particular, it is known that younger disabled people, people with particular disabilities (e.g, mentally ill people) and also people who have less difficulty in getting a job for any reason including the type or severity of their disability, tend not to register<sup>3</sup>.

30 In addition to what is known from the Register, the DLF analysis shows the distribution of impairments among the currently unemployed disabled people. The Social Survey authorities have provided information about the impairments of disabled people of working age, though not in a form which is directly comparable with the Department's own statistics. All those sources of information must be put together to form a true picture of the types and trends in impairments suffered by disabled people in the employment field.

31 Unfortunately, some of the medical categories in which our clients are classified are very wide and general, and probably need to be developed further so as to make them relate less exclusively to the origin or medical grouping and rather more to the employment prognosis. The present categories and the disorders included within each, are listed at *Appendix 5*. The greatest difficulty concerns the categorisation of a wide variety of mainly

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(1) 55 per cent of the 635,000 people numbered by the Social Survey as being in the employment field were 50 or more, as were 65 per cent of the 1.3 million of working age. 53 per cent of the people on the 'Disabled Live File' (para 16 above) were 50 or more.

(2) Of new entrants to the Register in 1970, 15 per cent were women. Appendix 1, para 23 and Table 2 (DLF Analysis).

(3) Appendix 1, para 13-15 (DLF Analysis).



orthopaedic complaints under the vague headings 'diseases, injuries and deformities' (of the limbs and spine) with a separate classification for amputations which may of course arise from any form of injury or illness. In particular, 'diseases, injuries and deformities' of the spine includes a very wide variety of disorders including some which are nervous in origin and which cover as wide a range as lumbago or slipped discs on the one hand and spina bifida on the other. Thus the following analysis of the existing data is subject to over-simplification.

32 The total number of people on the Disabled Persons Register (RDPs) has declined from 883,000 in 1952 to 634,000 in 1970, a reduction which almost exactly parallels the fall in the number of war disabled registrants over the same period, from 365,000 to 129,000. People disabled in the First World War whose impairments consisted to a large extent of injuries and amputations have almost wholly left the Register<sup>1</sup>, depressing the proportion of those in the categories covering injuries. The numbers remaining reflect the fact that 1914-18 pensioners are entitled to remain on the Register for as long as their pension continues - normally for life.

33 Tables 2 and 2A show how the pattern of impairments of registered disabled people has changed since the war.

34 Table 2 shows a substantial decline in numbers and proportion of those suffering from amputations, injuries and illnesses, predominantly in the period 1950-61 and almost certainly associated with the withdrawal of the First World War veterans. There has also been a very large and unexplained decline among those suffering from digestive disorders. Perhaps those concerned tend not to identify themselves as 'disabled'. The numbers

Table 2

<i>Distribution of Impairments on the Register</i>	<i>1950</i>		<i>1961</i>		<i>1971</i>	
	<i>Nos.</i>	<i>%</i>	<i>Nos.</i>	<i>%</i>	<i>Nos.</i>	<i>%</i>
	<i>Nos.</i>	<i>%</i>	<i>Nos.</i>	<i>%</i>	<i>Nos.</i>	<i>%</i>
Amputation	76,028	8.1	49,750	7.5	40,047	6.5
Arthritis and rheumatism	39,176	4.2	29,175	4.4	26,646	4.3
Diseases of digestive system	75,749	8.1	36,476	5.5	19,536	3.1
Diseases of genito-urinary system	9,230	1.0	5,256	0.8	5,133	0.8
Diseases of heart and circulatory system	59,253	6.3	51,677	7.8	63,083	10.2
Diseases of respiratory system (other than tuberculosis)	73,667	7.9	54,779	8.2	57,560	9.3
Diseases of skin and cellular tissue	9,185	1.0	6,614	1.0	5,302	0.9
Ear defects	42,674	4.6	30,297	4.5	26,826	4.3
Eye defects	61,531	6.6	47,444	7.1	42,491	6.8
Injuries of head and trunk	47,796	5.1	26,431	4.0	23,757	3.8
Diseases, injuries and deformities of limbs	218,635	23.4	134,448	20.2	131,288	21.2
Diseases, injuries and deformities of spine	27,961	3.0	31,183	4.7	55,436	8.9
Neurosis	37,040	4.0	18,274	2.7	16,587	2.7
Psychosis etc	5,753	0.6	4,664	0.7	8,258	1.3
Mental handicap	6,391	0.7	7,268	1.1	12,477	2.0
Epilepsy	15,078	1.6	16,354	2.5	21,591	3.5
Organic nervous diseases other than epilepsy	21,215	2.3	24,753	3.7	21,495	3.5
Tuberculosis (pulmonary and non-pulmonary)	58,812	6.3	51,970	7.8	24,577	4.0
Other diseases and injuries	51,981*	5.6	39,641*	5.9	18,601	3.0
Totals	936,196	100.0	666,454	100.0	620,691	100.0

\* Includes people once described as 'congenitally deformed', now included in the categories 'diseases, injuries and deformities' of the limbs and spine.

(1) 70 per cent of those disabled in the first war are categorised among amputations or illnesses and injuries to the head, trunk and limbs. It may be conjectured, though it is not quite certain, that injuries predominated. People disabled in the second war, by contrast, quite closely reflect the general pattern of impairment on the Register.

Table 2A

<i>Distribution of Impairments on the Register (New Entrants)</i>	<i>Register 1971 (A)</i>		<i>New Entrants to the Register April 1970- April 1971 (B)</i>		<i>Rate of Flow of New Entrants (% B over A)</i>
	<i>Nos.</i>	<i>%</i>	<i>Nos.</i>	<i>%</i>	
Amputation	40,047	6.5	1,876	2.8	4.7
Arthritis and rheumatism	26,646	4.3	3,737	5.6	14.0
Diseases of digestive system	19,536	3.1	2,504	3.7	12.8
Diseases of genito-urinary system	5,133	0.8	622	0.9	12.1
Diseases of heart and circulatory system	63,083	10.2	10,420	15.5	16.5
Diseases of respiratory system (other than tuberculosis)	57,560	9.3	7,779	11.6	13.5
Diseases of skin and cellular tissue	5,302	0.9	819	1.2	15.4
Ear defects	26,826	4.3	2,042	3.0	7.6
Eye defects	42,491	6.8	3,130	4.7	7.4
Injuries of head and trunk	23,757	3.8	2,047	3.0	8.6
Diseases, injuries and deformities of limbs	131,288	21.2	9,979	14.8	7.6
Diseases, injuries and deformities of spine	55,436	8.9	8,105	12.1	14.6
Neurosis	16,587	2.7	2,557	3.8	15.4
Psychosis etc	8,258	1.3	1,447	2.2	17.5
Mental handicap	12,477	2.0	1,373	2.0	11.0
Epilepsy	21,591	3.5	2,505	3.7	11.6
Organic nervous diseases other than epilepsy	21,495	3.5	2,144	3.1	9.8
Tuberculosis (pulmonary and non-pulmonary)	24,577	4.0	1,360	2.0	5.5
Other	18,601	3.0	2,468	3.7	13.3
Total	620,691	100.0	67,224	100.0	10.8

suffering from tuberculosis have also declined by half; this group will eventually almost disappear. Finally numbers of those with sensory disorders have declined in significance, partly because modern aids (e.g. to hearing) have removed the disabling effect in some cases.

35 On the other hand, the proportion of registrants suffering from the main age-related impairments (heart, arthritic and respiratory conditions such as bronchitis) have increased since 1950 from 18 per cent to 24 per cent. Spinal conditions (see paragraph 31) have doubled in numbers and trebled in proportion, and there have been increases in the proportion of people suffering from mental impairments other than neurosis and from nervous diseases including epilepsy and spasticity. All these groups are continuing to flow fast on to the Register as the numbers newly registering in 1970 show. Certainly, as regards the mental and nervous diseases at least, the patterns described above are continuing to strengthen.

36 The increases in the numbers on the Register of those with mental and nervous impairments far understates their growing significance among our clients. As regards those with mental illness, this is because many do not identify themselves and many who do so (including particularly people with neurosis) decline to be registered. four per cent of those on the Register, but nearly 13 per cent of unemployed disabled people (many of whom are not registered) are classified as mentally ill,<sup>1</sup> and as regards people with nervous diseases, many who might like to be employed are probably not registered because there is no reasonable prospect of employment for them. The Social Survey found that 12.3 per cent of disabled people of working age suffered from nervous diseases other than epilepsy; but the Register of Disabled Persons includes only 3.2 per cent of such people.

(1) Appendix 1, Table 16: (DLF Analysis). This figure relates only to the mentally ill and does not include the mentally retarded.

37 The Social Survey<sup>1</sup> analyses the qualifications and occupational status of the disabled people identified as being in the employment field, and shows also something of their main employment characteristics. There are no other comprehensive sources of information.

38 Disabled people have on the whole fewer qualifications either academic or technical than fit people and according to the Social Survey<sup>2</sup> more than four in ten of qualified disabled people at work are unable by reason of their disability to use their qualifications in their job. It is clear from the information provided that those who are disabled later in life are not greatly worse qualified than their fit contemporaries but that those who are disabled congenitally or in youth have very many fewer formal qualifications. Table 3 sets out the position briefly.

39 The comparative position of disabled people is somewhat affected by the higher proportion of mentally handicapped among disabled people than among the general population but not greatly so. Table 3 may reflect the way the youthful disabilities interrupt or restrict education and make it more difficult for younger disabled people to proceed to acquire formal skills and qualifications, though some make up for it by acquiring skills informally. It also shows how high a proportion of disabled men are unskilled.

40 Table 4 shows how the occupational status of disabled people identified by the Social Survey as being in the employment field compares with that of the general population. It also shows that the occupational status of DPs as a whole is lower than that of the population at large though it does not greatly differ as regards the higher occupational groups, perhaps reflecting the position that at the higher occupational levels disability need not necessarily lead to a loss in formal occupational status though no doubt it might well restrict earnings and opportunity.

41 Very little is known about the comparative earnings of disabled and fit people in equivalent occupations. Nor is much known about the way disabled people compare with fit people as employees; whether for example disablement more often leads to a drop in status or to reduced efficiency in a given job. There is however evidence that sickness not infrequently results in a drop in status particularly among skilled personnel and that employers are sometimes prone to assume that an employee returning to work after newly incurring disablement can do less than in fact he is capable of doing.

42 The position naturally differs as between people and according to impairment. People with 'specific' disorders such as the sensory impairments and injuries will face restricted opportunity, but provided the right job is available can frequently perform it as well as the next man. There is some evidence from studies carried out in the United States that motivation to work on the part of such people is often higher than that of fit people, increasing their effectiveness as employees.

43 Those however with fluctuating or recurrent disorders such as some of the age-related impairments and, depending on the circumstances, the mental or nervous disorders may be prone to more frequent absences from work or may be subject to sudden behavioural disturbance that is unacceptable to employers or to fellow workers. These types of impairment pose the more intractable employment problems, and their growing proportion among our clients is one of the main challenges to policy. Table 5 shows the proportion of those in the main impairment groups found in the course of the DLF analysis to be liable to recurrent sickness.

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(1) Social Survey, II pages 20 and 21 and Tables 2-6 and 13-14.

(2) Social Survey II Table 15.



44 In a survey carried out in a number of firms employers were asked to give ratings for performance and for absenteeism for their disabled employees. It emerged that performance ratings were broadly 'average'; i.e., the performance of the disabled workers was broadly comparable with that of fit workers doing the same job, but that as might be expected, disabled workers had a rather greater tendency to sickness and absenteeism. Employers were also asked what they considered to be the main restrictions on the effectiveness of their disabled employees. By far the most important restriction was found to be their relatively greater difficulty in changing jobs; i.e., though they might do their existing job as effectively as an able bodied person, it would be more difficult to fit them into a fresh job if the nature of the work had to change. This finding corresponds to that of the Social Survey that the greatest employment difficulty which disabled people attribute to their impairment is that it limits the type of work they can do rather than reduces their earnings or efficiency in any given job. Both in the case of the Social Survey and the survey of firms, mentally disabled people and probably people with epilepsy were much under-represented, and this finding does not necessarily apply to them.

*Table 3 Social Survey*  
*Qualifications of Disabled People as compared with general population (males only)*

<i>Highest qualification</i>	<i>Ages 16-29</i>		<i>Ages 50-64</i>	
	<i>Disabled People</i>	<i>General Population</i>	<i>Disabled People</i>	<i>General Population</i>
	%	%	%	%
Degree	1	1	1	2
Diploma/Professional body	1	2	1	2
Minor Professional, HNC etc	1	2	1	1
A level and equivalent	1	4	—	—
O level and equivalent	6	16	3	4
Minor technical (City and Guilds etc)	2	7	2	2
Commercial RSA	5	6	5	7
Served recognised apprenticeship	10	16	18	19
Skilled, no apprenticeship	20	14	26	29
No qualifications or skills	53	32	43	34
	100	100	100	100

*Source:* Abstract from Social Survey: Table 3.

*Table 4 Social Survey*  
*Occupational status of Disabled People in the employment field compared with the general population (men and women)*

<i>Occupational status</i>	<i>Percentages</i>	
	<i>Disabled People</i>	<i>General Population</i>
	%	%
Employers and managers	11	12
Professional workers	2	3
Intermediate non-manual	5	6
Junior non-manual	20	22
Personal service	5	5
Foremen - manual	4	3
Skilled manual	21	23
Semi-skilled manual and agricultural	20	16
Unskilled manual	12	8
HM Forces	—	1
Other	—	1
	100	100

*Source:* Abstract from Social Survey: Table 13.

Table 5 *DLF Analysis*

Recurrent sickness in impairment groups having more than 100 persons in the DLF analysis sample

<i>Impairment Group</i>	<i>Percentage with Recurrent Sickness</i>
	%
Mental handicap	3.9
Organic nervous diseases other than epilepsy	9.5
Diseases, injuries and deformities of lower limb	9.6
Diseases, injuries and deformities of upper limb	9.8
Arthritis and rheumatism	11.0
Certain eye defects*	12.0
Diseases, injuries and deformities of the spine other than paraplegia	13.5
Neurosis	14.0
Psychosis etc	17.8
Diseases of heart and circulatory system	18.9
Diseases of digestive system	22.9
Epilepsy	26.7
Bronchitis and certain other respiratory diseases	30.1

\* Excludes persons registered with local authorities as blind, and totally blind persons not so registered.

45 The finding that the characteristic employment difficulty of disabled people is restricted job opportunity accords with common sense. It applies to them also in their social life; they tend to have special requirements that make it more difficult for them to travel, to move house and to do some of the ordinary things of life. In the case of younger disabled people there are sometimes emotional and family difficulties superimposed.

46 Moreover the onset of disablement produces complex problems of attitude in some cases analogous to "culture shock", a condition recognised by sociologists as arising when people are suddenly transformed from a static to a new swiftly moving situation and where there are symptoms of withdrawal and refusal to accept the realities of the position. No area is more liable to focus these symptoms than the question of subsequent employment, which involves problems of status and milieu and the continued relevance of acquired skills. While clearly there is variation as between individuals the problem tends to increase with age and represents a large share of those problems of "motivation to work" and resistance to change referred to elsewhere in this document.

47 Because there are fewer options open to them disabled people find it more difficult to react to changes. This has considerable implications at a time of accelerating industrial development. It also means that any help given to disabled people has to be carried out increasingly against a background of social care and may involve quite complex case-work and counselling. Sometimes, while the finding of a job may be an essential step, it may be impossible to take or benefit from it until other difficulties have been moderated or removed.

## Young People

48 The number of handicapped young people leaving school each year is certainly well in excess of 20,000;<sup>(1)</sup> about 7,500 of them are from special schools and of these about 5,300 are educationally sub-normal. Others who go to special schools are maladjusted children and some physically handicapped children. *Appendix 6* shows the numbers and categories of people leaving special schools.

(1) The last acceptable estimate was for the year 1954-55 (Report of the Working Party on the Handicapped School-leaver, 1964, commissioned by the British Council for Rehabilitation of the Disabled) when there were found to be 'upwards of 20,000'. The school population has increased since then. There is no indication whether the handicapped are a greater or smaller population.

49 School leavers, including special school leavers, are dealt with in the first instance by the Youth Employment Service and are only registered with the Department where there is a need; increasingly careers officers have become reluctant to encourage 'labelling' (registration) of disabled children except where it confers some special benefit, e.g. where sheltered employment is needed. Those who register therefore tend to comprise those with the most difficult placement problems.

50 Children with special employment problems, and who are dealt with as such by special officers of the Youth Employment Service, are by no means all 'disabled' (e.g. many of the maladjusted children from the special schools). But their requirement for special help is often of a similar kind, and under the new arrangements proposed for the Youth Employment Service whereby the Department becomes responsible for the second and subsequent placing, this will need to be recognised.

51 The problems of assimilation to work, particularly of those children of normal intelligence who have been educated separately, may include deficiencies in formal education brought about by absences from school, emotional, familial and sometimes psychiatric problems that hinder the search for solutions, and lack of confidence. Many of the difficulties were set out in the Report on the Handicapped School-leaver (*footnote 1, page 13*).

52 However it is probably fair to say that the problem of the school-leaver with special difficulties should not be thought of as one that can readily be dealt with in one year or two from leaving school. It can persist, and be aggravated by drifting; but the time when effective action can be taken may be a man's twenty-third birthday rather than his seventeenth. The current flow of information about school-leavers with special problems appears inadequate for planning purposes and will need to be replaced ultimately by organised data based on a flow of clients.

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### Mentally Ill People

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53 The term "mental illness" is used throughout this paper to refer to any mental disorder other than "mental handicap", i.e. mental retardation. Mainly it includes people classified as having neuroses or psychoses.

54 The increase in the numbers of people in the employment field with psychoses<sup>1</sup> is due partly to the mental health policy of minimising in-patient treatment of mental illness, and to drugs and other therapies which enable many severely ill people to sustain a near normal life outside hospital, often with continued treatment on an out-patient or day-patient basis (and sometimes from nurses and social workers) and residence in hostels and group homes, where appropriate. The trend is towards community-orientated psychiatric departments in general hospitals and the eventual replacement of the specialist mental hospitals. Table 6 illustrates the move away from in-patient treatment, but gives no basis for an estimate of the numbers entering the employment field. Most such people stay for only a short time in hospital.

*Table 6 England and Wales: Hospital services for mentally ill people*

	1960	1965	1969
Average daily occupied beds	141,000	129,000	117,000
Out-patient attendance	1,264,000*	1,446,000	1,545,000

\* Estimate

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(1) There has been an apparent decrease in the number of RDPs with neuroses, but this is thought to be due not to any decrease in the number of such people but the growing opposition of psychiatrists to the labelling of mentally ill people as 'disabled persons'.



Table 7 Age distribution of the male working population: numbers (000's)

Age group	1959	1969	% change
15-19	1,206	1,164	- 3.5
20-24	1,254	1,725	+ 37.6
25-39	4,731	4,202	- 11.2
40-49	2,909	3,049	+ 4.8
50-54	1,477	1,269	- 14.1
55-64	2,160	2,578	+ 19.4

Table 8 Age distribution of the male working population: percentages

Age group	1959	1969	Difference
15-19	8.5	8.1	- 0.4
20-24	8.9	12.0	+ 3.1
25-39	33.2	29.2	- 4.0
40-49	20.4	20.8	+ 0.4
50-54	10.4	8.8	- 1.6
55-64	15.2	17.8	+ 2.6
	96.6	96.7	

Note: These percentages do not add to 100 since there are people over 65 at work who are not included.

Table 9 Unemployment rate of males according to age group (July each year)

Age	55	56	57	58	59	60	61	62	63	64	65	66	67	68	69	70
15-19	0.6	0.6	0.9	1.6	1.6	1.0	0.8	2.0	2.4	1.6	1.5	1.3	2.8	2.9	3.6	4.4
20-24	0.7	0.8	1.2	2.2	2.1	1.2	1.0	2.1	2.0	1.6	1.2	1.1	2.5	2.7	2.9	3.4
25-39	0.5	0.6	0.8	1.5	1.5	1.0	0.9	1.7	1.9	1.2	1.0	1.0	2.4	2.6	2.3	2.5
40-49	0.5	0.5	0.7	1.2	1.3	0.9	0.8	1.2	1.4	1.0	0.8	0.8	1.8	2.0	1.8	2.0
50-54	0.7	0.7	0.9	1.4	1.4	1.0	0.8	1.1	1.4	1.0	0.8	0.8	1.6	1.9	1.8	1.9
55-64	1.2	1.2	1.5	2.0	2.2	2.0	1.8	2.1	2.6	2.3	2.2	2.1	3.1	3.9	4.1	4.5
Annual general rate monthly average	1.1	1.2	1.5	2.3	2.4	1.8	1.7	2.3	3.0	1.9	1.7	1.9	3.0	3.2	3.3	3.6

55 The characteristics of mentally ill people who are unemployed were studied as part of the Analysis of the Disabled Live File<sup>1</sup>. They tend to be substantially younger than the average for unemployed disabled people.

56 Many people who suffer at one time or another from mental illness can return to former jobs without difficulty; but as to the remainder who need assistance to regain and keep employment, the Department is only beginning to appreciate the range of the problems involved. Given that mentally ill people form a spectrum from those who merely suffer a temporary attack of no great seriousness through to people with chronic psychiatric disorders, generalisations about their employment problems are extremely unsafe; but those who constitute the chief problem tend to be (a) under a regime of drugs which often has the effect of slowing them down somewhat (b) liable to periodic recurrence of their complaint (c) perhaps associated with this, liable to recurrent unemployment. Their satisfactory assimilation into stable employment may a priori therefore involve (a) rather long term processes of resettlement (b) perhaps a degree of segregation particularly in the earlier stages and (c) some understanding by employers of their situation and difficulties.

(1) Appendix 1, Table 46A.

57 Mentally handicapped people represent a problem which is attracting increasing attention particularly as many are now surviving to be much older and particularly also because the policy of providing community supporting services means that fewer mentally handicapped people will be living in institutions. In a recent White Paper<sup>1</sup> expenditure of some £100 million in the next four years is forecast for improvements in the hospital and local authority services for the mentally handicapped. This will include substantial further expenditure on local authority Adult Training Centres which provided 10,100 places in 1960 and 26,400 places in 1970. These centres cater in the main for some of the more severely handicapped who could not be this Department's concern, but recent advances made in the techniques of teaching mentally handicapped children in school and later in the Adult Training Centres are now being widely applied and it seems possible that if when the quality of the assessment of those in the centres improves, an increasing proportion will be found capable of entering the employment field. Of those in the centres, only a quarter are more than thirty years old<sup>2</sup>.

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### The Hard-to-Employ

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58 Disabled people are among a number of groups of people who are generally reckoned "hard to employ", a term which has gained increasing currency in recent years<sup>3</sup> and which is regarded in certain European countries (e.g. Holland and Sweden) as constituting the group for which special employment facilities need to be available.

59 Hard-to-employ groups other than disabled people are sometimes referred to as "disadvantaged", though the term is an unsatisfactory one, and would include for example older people, people with language difficulties, people with marked social difficulties, perhaps very poor people, ex-prisoners, and people whose education has been interrupted. Some people labour under more disadvantages than one, and many disabled people are also 'disadvantaged'.

60 No official estimate has ever been made of the numbers of this very loosely defined group, although certain studies have recently been started, designed to improve our understanding of it. In particular, the Department has recently carried out at the Washwood Heath employment exchange a pilot study of unemployed people to identify the "socially disadvantaged", to estimate their number, and to explore problems of liaison with other agencies. The study defined the socially disadvantaged as "those handicapped in obtaining employment by some non-medical cause such as personality defects or domestic difficulties" and supplemented this by examples, e.g. criminal record, separation from spouse, homelessness. The study did not cover all hard-to-employ people other than the disabled; thus it excluded people over 55, people with language problems and people whose unwillingness to work was regarded as arising from the level of social security payments.

61 Subject to this, those identified as 'socially disadvantaged' included (for the most part) people of "inadequate personality" including a significant group of young men up to the age of 21 who 'seemed incapable of any sustained interest in work and were clearly not amenable to discipline in a work situation. They changed jobs frequently, settling for unskilled work. . . .' Others were socially incompetent people, often with financial problems, people with family and housing problems and people "bowled over" by some change such as redundancy. There was, finally, a group of illiterate people.

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(1) Better services for the mentally handicapped, Cmnd 4683, June 1971.

(2) Cmnd 4683, p 15.

(3) Cf "The Hard to Employ: European Programs" - Beatrice G Reubens.

62 Washwood Heath exchange covers a twilight segment of a large city so that the numbers involved there cannot readily be translated into national figures. However the study estimates that at Washwood Heath perhaps 1,200 registrations for employment out of 12,000 per annum would be by socially disadvantaged people. The study estimated that some 80 per cent of those concerned could take a job without reference to another agency, but that many would not keep it for long.

63 In the absence of supporting studies these results must be regarded with caution. Taking all factors into account, they appear to indicate that there may be as many as 300,000 registrations for employment per annum in Great Britain by people who are socially disadvantaged including disabled people who are also socially disadvantaged; but a very substantial proportion of these would represent the same person returning on a number of occasions.

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#### Changes in the Labour Market Affecting Disabled People

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64 We have already concluded (para 27 above) that disabled people in the employment field are on average substantially older than fit<sup>1</sup> people and that their skill levels are substantially lower. They are also more predominantly male (para 28). Since 1950 changes have taken place in the labour market adversely affecting the employment position both of older and of unskilled people generally, and in certain respects, of male versus female labour.

65 The investigation for example of F. le Gros Clark<sup>2</sup> have pointed to the declining job opportunities of older, unskilled people arising from the increasing pace of job changes and the reduction in the number of unmechanised jobs due to changing technology. It seems most likely that in the conditions of modern industry a greater premium is being placed upon stress-resistance, and the performance of strictly paced operations, both of which involve higher standards of physical reliability. If this analysis is correct, and it is true that it is affecting wider areas in industry, it seems clear that older people and disabled people must be at an increasing disadvantage. Quite apart from those who are both older and disabled, there are also some younger disabled people whose impairments produce effects not unlike ageing; for example, people with mental or nervous disorders under a regime of drugs, who may be slower or require more thoroughgoing supervision to achieve standards of reliability.

66 As regards the reduction in the number of 'unskilled' jobs, our main source of information (Manpower Studies No. 6; Occupational Changes 1951-61) relates to a period ending a decade ago, but there is every reason to suppose that the trends there identified have continued since.

67 According to Manpower Studies No. 6, the "labourers and unskilled" and "semi-skilled manual" occupational groups combined showed a net decline between 1951 and 1961 in the numbers of men and women employed of about 170,000, there being 300,000 fewer men employed in these occupations but 130,000 more women. In 1961 there were 3.5 per cent more women employed in semi-skilled and labouring occupations than in 1951 but 4.6 per cent fewer men. During the decade, therefore, not only was there a shift from manual to 'white-collar' occupations but also probably substitution of female employment for male employment in the unskilled and semi-skilled groups.

68 This suggests that for those men who lost their employment in an unskilled or semi-skilled job at the end of the decade 1951-1961 there were fewer opportunities for

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(1) Wherever statistics for 'fit' people are compared with those for 'disabled' people, 'disabled' refers to registered disabled persons and 'fit' includes necessarily a number of unregistered disabled people.

(2) F le Gros Clark. "Age and the working lives of men" (Nuffield Foundation, 1959).



re-employment than in 1951. This decline of employment opportunities might well have been more pronounced in the case of those who were handicapped, by disability, age or lack of potential for training, from ascending the occupation ladder, bearing in mind also that many disabled people are probably in direct competition with women for many suitable jobs, e.g. in bench assembly work.

69 Quite apart from changes in the availability of certain jobs, there have also been demographic changes tending to a reduction in the numbers in the labour force of people of mature working age, and increases at either end, in the numbers of younger and of older people. Tables 7 and 8 show how the age distribution of the male working population has changed since 1959.

70 Table 9 which shows unemployment rates since 1955 for each age group, indicates that unemployment rates among people aged 25-49 are volatile; among older people the reaction to any change in the general employment situation appears to be proportionately slower, but absolutely the movements are greater and are slower to turn. Moreover with continued high rates of unemployment such as have occurred recently, once the initial movement is over, the position of those of mature working age seems not to continue to deteriorate; the brunt falls on those who are younger or older; i.e. those who may have no, or less relevant, working experience or be infirm and whose numbers in the employment field have been increasing.

71 It may seem odd that the rates for older people seem to react more slowly to changes in the general employment situation. Perhaps older people tend not to be employed so much in the "bell wether" industries such as building, which are the first to signal changes. But the correct explanation probably is that this group includes a substantial proportion at all times of people who are hard to place and long term unemployed; so that what appears to be small movements from a higher base level are relatively large movements in the fortunes of those who are more fully employable or have been more recently employed. In other words, the true position may be that the initial effect of a general change in employment prospects is more or less equally powerful for all groups, but that where less favourable circumstances persist, the brunt falls increasingly on those in the weakest position in the market. All the services the Department offers for disabled people are being increasingly utilised by older and younger people, and less so by people of mature working age.

72 There are, of course, many disabled people who are neither old nor unskilled, or who are readily trainable. Automation and industrial change in some notable instances does produce opportunities for certain classes of disabled people (e.g. the opportunities for deaf or blind people in data processing and computer programming). But these opportunities are mainly confined to people with better intelligence or impaired manual dexterity (and depend on appropriate policies of research and training to identify and exploit them). The opportunities available for the people who constitute the mass of unemployed disabled people may well continue to diminish.

**Table 10** *Unemployment rates (men only)\**  
*Registered Disabled Persons (Section I and II) compared with fit people, 1954–1970*

	<i>Fit people†</i>	<i>RDPs</i>
1954	1.0	5.4
1955	0.8	4.7
1956	0.9	5.0
1957	1.2	6.7
1958	2.0	7.0
1959	2.1	8.0
1960	1.5	7.5
1961	1.4	7.1
1962	2.0	8.2
1963	2.7	9.3
1964	1.6	8.1
1965	1.4	7.2
1966	1.6	7.2
1967	2.7	9.2
1968	2.9	10.3
1969	3.0	11.0
1970	3.3	11.8

\* Annual rates (monthly averages)

† Based on the number of people registered as unemployed (excluding Section I RDPs) expressed as a percentage of the working population.

**Table 11** *Social Survey: Ages of disabled people in the employment field – January 1969*

<i>000's</i>		
<i>Age</i>	<i>Numbers</i>	<i>%</i>
16–29	55,000	9
30–49	233,000	37
50–64	349,000	54
Total	637,000	

**Table 12** *Age distribution of the unemployed disabled and the fit population, and per cent change\**

<i>Age Group</i>	<b>1959</b>		<b>1970</b>		<b>% change</b>	
	<i>RDPs</i>	<i>Fit people</i>	<i>RDPs</i>	<i>Fit people</i>	<i>RDPs</i>	<i>Fit people</i>
	<i>(000's)</i>	<i>(000's)</i>	<i>(000's)</i>	<i>(000's)</i>	<i>%</i>	<i>%</i>
15–19	0.9	19.7	0.8	49.0	–11.2	+149.0
20–24	1.9	25.9	1.9	58.7	0	+127.0
25–39	9.6	69.4	8.4	105.9	–12.5	+ 52.6
40–49	9.4	36.9	13.3	60.0	+41.5	+ 62.5
50–54	6.5	20.9	7.4	24.1	+13.8	+ 15.3
55–64	15.0	48.5	21.8	114.6	+45.4	+134.0

\* Males only, wholly unemployed in July of each year. Some registered disabled and some fit people in the employment field are over the age of 64; they are excluded from the figures.

## Rates of Unemployment and their Significance

73 The main implied objective of current employment policy for disabled people is to secure for them "their full share, within their capacity, of such employment as is ordinarily available"<sup>1</sup>. Tomlinson believed that the great majority of disabled people were fully employable and that the aim should be to provide an apparatus of resettlement that would identify and place them in "the right jobs" that they could hold on their merits. An obvious measure of the success of such a policy, and the one that is generally applied in public debate, is to compare the rate of unemployment of registered disabled people over a given time with the general unemployment rate over the same period (see Table 10). Such a simple comparison is however far from satisfactory. First, as we have seen, perhaps only half of disabled people actually *at work* are registered. But on the other hand, among the *unemployed* disabled people are (1) people who decline to be registered (2) people we do not manage to identify as disabled and (3) people who are regarded as permanently sick, but who might be capable of work if any were available. To get a 'true' rate of unemployment among disabled people we would need to adjust both sides of the equation to take account of those (very uncertain) quantities. Secondly disabled people of working age are on average substantially older than fit people of working age. Tables 7 and 8 give details of the age structure of the male working population as a whole. Unfortunately the age distribution of the Register of Disabled Persons is not known. But Table 11 shows the age distribution of the disabled people reckoned by the Social Survey to be in the employment field. On average they are very considerably older than the male working population; 50 per cent being over the age of 50 as compared with roughly 25 per cent in the whole male working population. Moreover Table 12, which compares the

*Table 13 People in the labour force: Regional distribution of disabled people (Social Survey) compared with fit people.*

(percentages)	Disabled People	Fit People	Annual Unemployment rate, 1970 (monthly averages)*
	%	%	
Northern	7	6	4.8
Yorkshire and Humberside	10	9	2.9
North Western	15	13	2.7
East Midland	6	6	2.3
West Midland	10	10	
East Anglia	3	3	
South East (including London)	26	34	1.7
South West	7	6	2.9
Wales	6	4	4.0
Scotland	9	10	4.3
Great Britain	100	100	2.6

Source DP Gazette October 1971 Tables 104 and 107-116.

\* Males and females.

The Table shows that disabled people are relatively under-represented in London and the South East (which includes 34.3 per cent of the working population) and cannot, therefore, benefit from the better employment prospects that at all times prevail there. Perhaps the reason is that young and fit people tend to migrate to regions where employment prospects are best. Or perhaps the incidence of disabled among older people is greater in those regions where heavy industry and adverse climatic conditions co-incide. Whatever the explanation, disabled people will be somewhat though perhaps not greatly more prone to unemployment arising simply from their whereabouts, as distinct from their impairment.

(1) Report of the Tomlinson Committee on the Rehabilitation and Resettlement of Disabled Persons (1943).



ages of unemployed RDPs with those of unemployed fit people, shows that unemployed fit people are much more evenly distributed over the full age range than unemployed disabled people. Thus even if disabled people were not disabled their position in the labour market would be comparatively weak. Further, they appear to be distributed regionally (see Table 13) in a way that similarly, though much less substantially, affects the comparison.

Unemployed Disabled People

74 In October 1970, the unemployed people who were being dealt with by the Department as disabled (the 'Disabled Live File') were for the first time counted and found to number 97,028 people, of whom 72,265 were registered disabled persons (RDPs). An analysis was carried out on a sample of these numbering finally 4,177, to determine their age, marital status, etc. together with their employment experience and prospects, training potential, etc. and the use made of our current services. This analysis will be found in full at Appendix 1.

75 Of the disabled people actually unemployed on 1 October 1970, 53 per cent were over 50, 89 per cent were male, 61 per cent were married and altogether only 26 per cent had dependent children. Taken as a whole the group were not very mobile or willing to take advantage of available employment or, even where fitted for them, training services. They tended to have additional disadvantages (81 per cent) and 40 per cent had more than one disability; 65 per cent of them had been unemployed for more than 6 months and 49 per cent for more than 12 months. Most of them were unskilled (75 per cent) and judged to be untrainable at recognised levels (67-88 per cent). As compared with the unemployed population, therefore, they were considerably older, more predominantly male, and they tended to have been unemployed for much longer periods. On the whole a rather depressing picture of unemployed disabled people and of their employment prospects under any conceivable policy emerges from the analysis of the Disabled Live File.

76 Unemployed disabled people as counted at a particular point in time are, of course, neither representative of disabled people in the work force (for obvious reasons) nor of the disabled people who actually enter an employment exchange and seek the Department's services. This is because a proportion of our clients find jobs fairly quickly; an analysis of people freshly entering the exchanges each week would produce a much better picture

Table 14 RDPs unemployed for over 52 weeks (Section I RDPs, males and females July/July each year

52 weeks	Number	General Unemployment rate (males)
		%
1953	12,304	1.6
1955	8,652	1.1
1957	9,351	1.5
1959	15,418	2.4
1961	13,482	1.7
1963	17,008	3.0
1965	12,930	1.7
1967	14,588	3.0
1969	20,981	3.3
1970	22,472	3.6

than one from those who have accumulated on the books. The 'Disabled Live File' is, therefore, a picture of the problem in terms of unemployed people, but not of our clients from week to week.

77 As part of the analysis, Disablement Resettlement Officers (DROs) were asked to state whether each individual had any reasonable prospect of work in his local area. In LSE region where prospects are best, DROs thought that 33.5 per cent on the Disabled Live File had no reasonable prospect. In Northern Region where employment prospects are worse, the proportion was 44 per cent, and over the country as a whole it was 36 per cent. At a check 10 months later, 12 per cent of those judged to have "no reasonable prospect" (i.e., 4.0 per cent of the total sample) had in fact found work. This result on the whole confirms the pessimistic assessments made by DROs for the analysis, while again emphasising that such judgments cannot be absolute.

*Table 15 Differences between long term and short term unemployed people on the DLF*

<i>Characteristics</i>	<i>People unemployed for less than 52 weeks (No. in sample = 2,152)</i>	<i>People unemployed for more than 52 weeks (No. in sample = 2,025)</i>	<i>Total sample (No. = 4,177)</i>
	<i>%</i>	<i>%</i>	<i>%</i>
1 Age 18-39	29.2	17.1	23.3
40-49	25.5	21.5	23.6
50-59	28.7	37.2	32.8
60 plus	16.6	24.1	20.3
	100.0	100.0	100.0
2 Sex Male	88.6	89.0	88.8
Female	11.4	11.0	11.2
	100.0	100.0	100.0
3 Secondary disability	34.5	46.3	40.2
4 Those with industrial injury or war disability pension . . .	9.3	8.3	8.9
5 . . . of which those with 50% or more disablement	19.4	21.3	20.3
6 Travel restrictions imposed by disability	17.1	23.9	20.4
7 Registered for light, unskilled manual work	62.3	76.8	69.3
8 Classification: Section I	88.5	76.5	82.7
Section II	6.8	19.6	13.0
Not classified	4.6	3.9	4.3
	100.0	100.0	100.0
9 Is judged to be disadvantaged because of:			
1 disrupted education	5.3	0.7	3.7
2 poor motivation	23.1	15.4	20.3
3 personality or emotional difficulties	22.5	17.9	20.8
4 recurrent sickness	11.9	12.4	12.1
5 domestic troubles	4.3	6.3	5.5
6 other difficulties	12.5	25.1	16.8
No social or psychological disadvantage	20.3	22.1	20.9
	100.0	100.0	100.0

*Note:* The characteristics at 1-9 above are abstracted from a much fuller set which correspond to questions asked in the course of the Disabled Live File Analysis. The full table is reproduced at Table 43 Appendix 1. These particular characteristics are the ones clearly associated with long term unemployment; many other characteristics are not so associated.



Table 16 Impairment profile of the long term unemployed

Impairment Group		DLF sample	DLF sample: including RDPs and unregistered DPs	DLF sample: RDPs only	People on the
		(4,177 people)	% unemployed 52 weeks by 1.10.70	%unemployed* on 1.10.70	Disabled Persons Register (1971)
		%	%	%	%
1	Amputation	2.3	1.8	2.6	7
2	Arthritis and rheumatism	4.4	4.5	4.7	4
3	Diseases of digestive system	4.8	5.1	4.8	3
4	Diseases of genito-urinary systems	0.8	0.7	0.8	1
5	Diseases of heart and circulatory system	10.8	10.8	11.6	10
6	Diseases of respiratory system (other than tuberculosis)	13.3	14.0	13.5	9
7	Diseases of skin and cellular tissue	1.6	1.7	1.4	1
8	Ear defects	2.7	2.3	2.8	4
9	Eye defects	4.3	4.5	4.9	7
10	Injuries of head and trunk	3.2	3.9	3.5	4
11	Diseases, injuries and deformities of limbs	12.9	12.3	13.5	21
12	Diseases, injuries and deformities of the spine	10.2	9.3	11.2	9
13	Mental: (a) neurosis	7.7	7.6	5.9	3
	(b) psychosis etc	5.0	4.3	2.9	1
	(c) handicap	3.7	4.4	3.1	2
14	(a) Epilepsy	3.9	4.0	4.2	3
	(b) Organic nervous diseases other than epilepsy	2.5	2.5	2.8	3
15	Tuberculosis (pulmonary and non-pulmonary)	2.5	2.6	2.2	4
16	Other diseases and injuries	3.7	3.5	3.6	4
		100.0	100.0	100.0	100.0

78 In the light of these observations, it might be concluded that between 25 per cent and 30 per cent of the 100,000 or so people<sup>1</sup> on the Disabled Live File have little real prospect of employment under current conditions and that a substantial proportion have little real prospect under any conditions because of a combination of disadvantages and sometimes attitudes that makes them very unattractive to employers. Table 14, which shows how the number of long term unemployed among disabled people has varied over time, illustrates the problem in another way.

79 Long term unemployment is not however the only measure of low employability; the other measure is recurrent unemployment or job-drifting; but unfortunately remarkably little is known about this, although there are good reasons to suppose that it is particularly characteristic of mentally ill people.

80 Among those with little real prospect of employment there are certainly some whose family circumstances bring the level of social benefits up to what they would be likely to earn in employment and even beyond it; and who for this reason are not actively seeking work. Since disabled people are older on average and have fewer dependants, a high proportion (39 per cent of those on the Disabled Live File) being unmarried, the significance of financial disincentives to work in explaining the high incidence of low employability among disabled people cannot be very great. However in the course of a

(1) Figure at 1.10.70.

survey of a sample of industrial rehabilitees it was found in regard to those who failed to secure a job that in the opinion of DROs the level of the social benefits to which they were entitled was an important factor in 13 per cent of the cases.

81 Tables 15 and 16 are abstracted from the Disabled Live File analysis (Appendix 1). They attempt to isolate those characteristics evidently associated with long term unemployment among unemployed disabled people. Table 16 seems to show that the type of disablement does not greatly affect the issue, though the evidence from Table 15 is that multiplicity of a disablement does so to some extent. The factors that are clearly important are (1) advancing age and (2) belonging to the unskilled, light, occupational group. The long term unemployed on the Disabled Live File are, for the most part simply older, sicker, and less skilled than those who are unemployed for shorter periods<sup>1</sup>.

82 Table 15 also shows how frequently, in the opinion of DROs, unemployed disabled people have psychological or social difficulties – which in some cases of course actually constitute the disablement. Only in the case of about 20 per cent of those on the Disabled Live File were these factors judged to be absent. Indeed the difficulty of finding jobs for disabled people may be quite frequently not so much connected with the impairment itself as with those other or associated difficulties, which the DRO is sometimes only in a position to guess at<sup>2</sup>.

Table 17

<i>Impairment group</i>	<i>Percentage unemployed</i>	<i>Rank order (descending order)</i>	<i>Rank order in 1961</i>
Mental handicap	24.1	20	18
Neurosis	23.2	19	19
Psychosis, etc.	17.7	18	20
Diseases of skin and cellular tissue	17.5	17	16
Epilepsy	15.6	15	17
Diseases of digestive system	15.6	15	14
Diseases of respiratory system (other than tuberculosis)	15.0	14	15
Diseases, injuries and deformities of spine	13.8	13	8
Other diseases and injuries	12.2	11	12
Diseases of heart and circulatory system	12.2	11	12
Arthritis and rheumatism	11.2	10	11
Injuries of head and trunk	10.3	9	4
Diseases of genito-urinary systems	8.8	8	5
Organic nervous diseases other than epilepsy	7.9	7	8
Eye defects	7.4	6	5
Tuberculosis (pulmonary and non-pulmonary)	7.2	4	7
Diseases, injuries and deformities of lower limb	7.2	4	2
Diseases, injuries and deformities of upper limb	6.9	3	3
Ear defects	6.7	2	10
Amputation	4.3	1	1
AVERAGE (all impairment) groups	10.6		

(1) Fewer were judged to have "poor motivation" or "personality or emotional difficulties" (Table 15) but too much should not be made of this, since these characteristics seem to have been regarded by some DROs responding to the questionnaire as synonyms for "psychiatric difficulty".

(2) See also "Counselling for Special Groups" published OECD 1967, (Conclusions, pp 57–59) on the difficulties of hard to employ groups in 5 European countries and the USA.



83 While, as noted above, the type of disability from which a man may suffer does not appear to affect very much his chance of becoming long term unemployed, people with certain disabilities appear to be much more likely than others to be unemployed for shorter periods. Table 17 shows the proportion of RDPs in each impairment group unemployed in 1969, in rank order.

84 Table 17 shows that the groups with the highest liability to unemployment are those with mental handicap, neurosis, other forms of mental illness, skin diseases, digestive diseases, bronchitis and epilepsy. The groups with the least liability were those with amputations, deafness, injuries and diseases of limbs, and those with eye defects. The figures at column 4 of Table 17 show that the order has changed little since 1961, and a comparison of the figures at columns 3 and 4 of Table 16 show that it continued much the same in 1970/71. Since the evidence is that people with age-related and fluctuating disabilities (such as mental illness and epilepsy) have a higher tendency to be unemployed but not a greater tendency to become long term unemployed, we might suppose that some among them experience successive periods of short term unemployment accounting for their more than proportionate presence on the Disabled Live File; i.e. they may be liable to drift from job to job.

85 So far the analysis in this chapter has mainly concerned disabled men, since they comprise nearly 90 per cent of the currently unemployed disabled people. We have already seen, however that women who are disabled are probably less likely than men in a similar position to seek work. However in recent years the percentage of unemployment rate for disabled women has been less than for disabled men.

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## Summary

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86 To summarise the employment situation affecting disabled people, it appears that:

- (a) The groups which are of growing importance on the Register of Disabled Persons are also among those most liable to unemployment. This applies particularly to people with mental disablements and epilepsy, but all the age-related disablements too have higher than average liability to unemployment.
- (b) What characterises these groups is a liability to recurrence of sickness (Table 5) and (as regards mental disablements and epilepsy) quite probably recurrent unemployment. The two may be connected.
- (c) Disabled people still include many with the 'specific' disorders which are stable in character. These include people with injuries, amputations and sensory disorders. On the whole, while their employment problems can be serious, they are more easy to place than people in the increasing groups.
- (d) The employment position of registered disabled people may be affected to some extent by a greater liability they have to be in casual unskilled occupations.
- (e) To an increasing extent it is necessary to think of the employment problems of many people counted as disabled as being either connected with personal or psychological problems, or as being associated with the ageing of unskilled labourers, as well as of any adverse movements in the labour market that affect older and unskilled people generally.

87 The Department is dealing over the long term with a problem that is held to be exceedingly intractable; and a problem which affects not only disabled people but also others in related groups – the old, the socially disadvantaged, and perhaps also younger people who are vocationally unsettled.

88 Increasingly therefore the assumption that the great majority of disabled people coming to the Employment Service are readily employable given a specialist placing and resettlement service, and relatively short periods of rehabilitation seems open to question; and it becomes increasingly important to deepen the professionalism with which potential users of our special services are assessed, so that the right kind of service is made available to those who are able to benefit from it.

### 3 The present resettlement policy and services

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#### Origins and Enactments

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89 The present employment policy towards disabled people continues to be based on the *Report of the Tomlinson Committee*<sup>1</sup> on the Rehabilitation and Resettlement of Disabled Persons (1943) and the subsequent *Disabled Persons (Employment) Act 1944*. There had previously existed measures to assist disabled people to gain employment, notably under the Blind Persons Acts and the King's National Roll Scheme for encouraging the employment of members of the Forces disabled during the First World War. But the Tomlinson Report was the first to take a comprehensive view of the problem and to recommend the introduction of a permanent policy covering disabled people of all categories.

90 The policy and its administration were re-examined by the Piercy Committee<sup>2</sup> on the Training and Resettlement of Disabled Persons in 1956 when it was found that "the facilities for enabling disabled persons to get suitable employment are comprehensive and well-established, needing little change or development . . . (and) would be the most suitable whatever the economic circumstances<sup>3</sup>".

91 The Disabled Persons (Employment) Act 1958, following the Piercy Report, confined itself to changes in the minimum age for training and rehabilitation and in the qualifying conditions for registration; and made subject to the Department the powers of local authorities to provide sheltered employment.

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#### Nature and Objectives of the Present Policy

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92 The Tomlinson Report argued that wartime experience had shown that "a large proportion" of disabled people were fully employable under ordinary conditions and the only satisfactory form of resettlement for a disabled person was employment which he could take or keep on his merits as a worker in normal competition with his fellows<sup>4</sup>.

93 The Tomlinson Report covered all classes of impairment and did not concentrate only on the war disabled and in particular on "surgical" cases. The Report did not however cover other categories of people for whom it was difficult to find employment. Thus the Department operates no special apparatus of resettlement for other groups of hard-to-employ people although there have developed some measures to assist them.

94 The objective of current policy may be defined, in the words of the Tomlinson Report, as to secure for disabled people "their full share within their capacity, of such employment as is ordinarily available". A subsidiary and important objective is to ensure that the jobs they get are those best suited to their abilities.

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(1) Report of interdepartmental committee on the Rehabilitation and Resettlement of Disabled Persons – Cmnd 6415 1943.

(2) The Rehabilitation, Training and Resettlement of Disabled Persons, Cmnd 9883 1956.

(3) Piercy Report para 344.

(4) Tomlinson Report paras 9 and 90.



95 The objective clearly implied in the Tomlinson Report was equalisation of opportunity for disabled people. But there are other people in the labour market who are equally 'hard to employ'. Tomlinson remarked:

"It must be recognised that conditions resulting from injury, disease or congenital deformity are not the only handicaps to employment. . . . A scheme designed to remove the handicap arising from disablement must maintain, and have behind it public sentiment which is prepared to maintain, a distinction between those suffering from such a handicap and those handicapped in other ways, since it would clearly not be practicable to make any satisfactory provision for the latter".<sup>1</sup>

96 Tomlinson thus links two reasons for a special policy for disabled people, namely the special quality of 'public sentiment' in their favour, and the difficulty of handling the complex problems of other hard-to-employ groups. While he recognised that impaired people shared many of these problems Tomlinson assessed 'disability' as resting upon a hard, objectively definable core of physical or mental impairment, a misfortune which the public recognised, which was in principle measurable, and for which they were prepared to compensate up to the point of equal opportunity.

97 An impaired person must always be at some disadvantage additional to any other disadvantages that he or anyone else may have. However, in the generation since Tomlinson, the continuity between disablement and other forms of disadvantage has become more apparent.

98 The notion of what constitutes 'disability' is changing. For example, alcoholics, who a generation ago would probably not have been considered 'disabled' now are so. Moreover it is now recognised that the concept of 'disablement' itself is wider than 'impairment' and includes attitude and motivation factors which are often the real determinant of a disabled man's choice of securing and holding employment. An increasing share of the Department's clients fall into those mentally ill categories where almost by definition questions of motivation and impairment are indistinguishable.

99 In face of the changing pattern of disablement and its possible wider definition it is evident that a distinction between 'disabled' and other classes of disadvantaged people is becoming harder to draw.

100 In Chapter 1 the changes that have taken place in the Department's clientele since the war were reviewed. Some of these changes must influence consideration of future policy. At the time of the Tomlinson Report, a primary concern was to provide for the large numbers of people disabled in the war; and at that time there were still also many people disabled in the First War in the employment field; someone who was 18 in 1918 was still only 43 when Tomlinson reported. This particular problem has now greatly diminished. The First World War disabled are no longer looking for jobs and the number of people disabled in the last war, who are currently on the Register of Disabled Persons, has shrunk to one third of the number in 1950 and constitute less than one-eighth of the total Register. In so far as a separate policy for disabled people was justified on the basis of obligations to war disabled people this motive has greatly diminished with the passage of time.

101 The increasing groups on the Register, as noted in Chapter 2, are those with debilitating impairments (e.g. age-related handicaps such as bronchitis) and fluctuating or recurrent disorders (epilepsy and other nervous disorders, mental illness, etc).

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(1) Tomlinson Report para 71(b).

102 There are many people currently in employment who are known to their employers, though not necessarily to the Department, to be disabled and whose retention sometimes depends very largely upon good will and appreciation of past services. The position of all these people is vulnerable. No new development in the Department's policy can ignore their position.

103 There is also the difficult problem of assimilating into open employment young people with special difficulties. Not all these young people are disabled; but some of the congenitally disabled particularly those with nervous diseases, are among the most difficult problems confronting us. The need for special help in order to give them as fair a start in life as possible may call for more complex and imaginative policies than those we have so far envisaged; it also requires close co-operation with other authorities.

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### Changes Affecting Present Policy Towards Disabled Persons

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104 Our services for the disabled do not operate in isolation. They draw their clients from services which are the responsibility of other departments, of local authorities and of voluntary organisations. In some of these services which have close links with our own there have in recent years been developments reflecting changes in public attitudes towards coping with mental and physical disabilities. The Mental Health Act (1959) reflected changes in psychiatric treatment and gave impetus to policies of replacing hospital and institutional care for mentally ill and handicapped people, and for epileptics by forms of community support. These measures have almost certainly resulted in an increase in the numbers of mentally ill available for employment. The Chronically Sick and Disabled Persons Act (1970) has led to an increased public awareness of the problems connected with physical disability as well as to the expansion of services for this group.

105 Following the Local Authority Social Services Act 1970 local authorities have now formed or are forming social service departments which gather together the functions previously managed by children's and welfare departments and certain of the functions of health departments. A similar integration of social work departments took place in Scotland under the social work Scotland Act 1968. In addition the Government has announced extensive changes in the future organisation of local government and the health service to come into effect in England and Wales on 1 April 1974, and a year later in Scotland.

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### The Present Resettlement Service

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106 So far in this paper the Department's policy towards disabled people and changes that have taken place since the war that might affect the policy have been reviewed. Consideration is now given to the actual services which the Department provides to carry the policy out; to their continued relevance in changing conditions and to the pointers to changes. In the next chapter the options of what those changes might be will be examined.

107 The central figure in the Resettlement Service is the Disablement Resettlement Officer (DRO) appointed in all substantial employment exchanges. The DRO is specially charged with (1) maintaining the Register of Disabled Persons (2) administering the quota (3) liaising with others concerned at local levels with the resettlement of disabled people and (4) helping them to get employment. Where appropriate the DRO can refer people to a training institution or to an Industrial Rehabilitation Unit.

108 It has already been seen that the objective of policy under the DP(E) Acts is to secure for disabled people their full share of available employment. Within this, the objective of the resettlement service is to secure for them "employment suited to their capacity and their disablement"<sup>1</sup>, that is to say not merely a job but the right kind of job for the individual.

109 This constitutes the justification for having a special service for disabled people. Tomlinson's underlying concept was that impairment limited not so much a man's capacity to work in a given job, but the number and choice of the jobs for which he was fully suited<sup>2</sup>. Hence, the object was to allot disabled people to jobs where they were as productive as fit people, thus securing a lasting enlargement of the labour market without obtaining a preferred position for people who were on average less productive. The Resettlement Service was seen as the apparatus for identifying the right kind of jobs and getting disabled people into them; and to support it Tomlinson envisaged both extensive follow up on resettled individuals and research into particular kinds of jobs suited to particular disabilities<sup>3</sup>.

110 Thus present policy rests upon a diagnosis that there is a specialism of assessing and fitting disabled individuals to the right jobs and following up to secure feed-back and stability. Implicitly, it concerns itself primarily with resettlement rather than simply placing.

111 The remainder of this section, accordingly, considers the Department's clients, the service itself and its resources in relation to its current objective.

112 No study has so far been carried out on the characteristics of disabled people seeking the Department's help to gain employment ('our clients'). The Disabled Live File, as already noted, is not representative of those entering our doors but consists of those on our books at any given moment.

113 People newly registering represent of course only a proportion of our clients though they must include a high proportion of those requiring resettlement as distinct simply from placing; i.e., of those who have reached a turning-point where what is done can be expected to affect their whole future. The Department also deals with disabled people who are already registered or choose not to register, and these two classes certainly outnumber the new registrants. But it can be assumed that the new registrants are reasonably typical of those registering; we know the way the structure of the Register has changed; and the DLF analysis gives a cross-sectional view of our clients, both registered and unregistered at a single point in time.

114 At Appendix 7 this data is pooled to give the nearest picture of the stream of the Department's clients that the evidence will bear. The following are the main conclusions:

- (a) The Department dealt with probably about 225,000 "client tasks" in 1970<sup>4</sup>; we have fewer clients because some change jobs more than once a year and so are counted several times as client tasks. There were 67,000 new entrants to the DP register, but 39 per cent of these were people already in employment; many of whom were no

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(1) Tomlinson Report para 64.

(2) Tomlinson Report para 9 et al.

(3) Tomlinson Report paras 103 and 104.

(4) At the beginning of 1970 the DLF probably contained rather over 90,000 people. In addition, during 1970 the average weekly flow of RDPs onto the unemployed register was about 2,000. The Department appears to deal with about one unregistered DP for every three RDPs which gives a further 650. This gives a total number of client tasks of 225,000 i.e.  $2,650 \times 50$  plus 90,000 registrants on the DLF at the beginning of the period.



doubt submitted by employers to ensure credit towards quota. Probably about 40,000 of our client tasks were concerned therefore with new registrants. About 12,000 of these were referred from medical sources. Registrants seem to outnumber unregistered clients by about 3:1, so we might guess that in 1970, taking registered and unregistered together about 16,000 people were referred to us from medical sources as being, presumably, recently sick or impaired. Naturally, in addition to those submitted to the Department by doctors, some recently sick or impaired people will have come to us of their own accord.

- (b) Our clients are therefore predominantly not people whose disablement is of very recent origin. The overwhelming majority of our work is concerned with disabled people who come to us in exactly the same way as fit people, to find a new job.
- (c) Our clients are younger on average but certainly not much younger than people on the Disabled Live File, which as already explained (para 78) tends to be heavily weighted with long term unemployed people. About 47 per cent of those newly registering as disabled were 50 or over and the average age of those already registered will probably be somewhat higher so we might guess that not less than 50 per cent of our clients are 50 or more, as against 53 per cent of people on the DLF.
- (d) Those over 50 are overwhelmingly people with the age related disabilities. Those under 50 but of mature age include a fairly high proportion of people who have incurred injury and the younger the group, the more it will tend to include a high proportion of people with mental and nervous disorders.

*Table 18 Resettled and special clients (Follow-up statistics April 1964 – March 1968)<sup>1</sup>  
Average annual numbers<sup>2</sup>*

	<i>Number placed</i>
1 ex trainees	1,453
2 placings requiring special arrangements by employers	491
3 difficult cases, e.g. connected with the severity or nature of the impairment	2,535
4 first placing after impairment	4,745
5 other cases selected by the DRO	5,070
$14,294 \times 2.5 = 36,000$	

115 The question naturally arises, what proportion of the Department's work was concerned with people requiring resettlement, as having reached a critical stage or turning point e.g. following recent impairment, or needing highly specialised, as opposed to fairly ordinary placing activity.

116 Naturally, any estimates of the numbers of clients falling into such categories must be highly speculative since questions have never been asked in this form. However, up to 1968 information was collected centrally to throw light on job satisfaction among disabled people who had been placed by local employment offices and who fell into the following categories:

- (a) ex industrial rehabilitees
- (b) ex vocational trainees

(1) Excluding ex-rehabilitees.

(2) All groups are mutually exclusive: i.e. there is no double-counting.

- (c) people requiring special arrangement by employers, viz. adaptations to machinery or premises or the provision of special equipment
- (d) people whose placing involved special difficulty owing to the nature or severity of their disablement
- (e) people taking up their first jobs following recent impairment
- (f) other placements at the discretion of DROs.

These groups might very tentatively be regarded as comprising the people who were resettled by the Department or who required concentrated attention and specialised handling.

*Table 19 Resettled clients 1964-68*  
*Average annual numbers*

	<i>Placed by us and followed up</i>	<i>Actual total numbers completing courses</i>
ex-industrial rehabilitees	4,718	9,937

117 Figures were collected only in relation to people in these categories who were placed by the Department. We need to allow that for every 100 disabled people who come to us in an ordinary year we might expect to place about 40; another 40 would place themselves and another 20 would become sick or remain unemployed. Every number placed by us needs therefore to be multiplied roughly by 2.5 to give some idea of the numbers coming to us. Table 18 sets out the average annual numbers of people in each category coming to us over the four years 1964-68, ignoring ex-industrial rehabilitees on the ground that we know the exact numbers completing courses and do not therefore require to apply an artificial factor. These are dealt with at Table 19.

118 From these figures we reach in very round terms a total of 45,000 people coming to the Department each year on average from 1964-68 who needed either resettlement or specialised placing activity. We might also say with confidence that the numbers of recently impaired people among them was less than 20,000 taking the fullest account of ex-rehabilitees and trainees, a proportion of whom will have been recently impaired. This accords reasonably well with the fact that about 16,000 people evidently come to the Department from medical sources each year (para 114) - though we know that many of these are not recently impaired.

119 Allowing generously for increases in numbers since 1968 we might guess that of the 225,000 client tasks in 1970 between 50-60,000, or at maximum a quarter, required resettlement or highly specialised placing activity; but not more than one third of these, or perhaps one-twelfth of the total, were newly disabled. The other three quarters of the clients were indeed disabled and to that extent required special consideration, but represented in the main something not markedly dissimilar to ordinary placing activity.

120 This is the only assessment of the Department's clients that we can base upon quantitative data. However we know other things by experience. We know principally that many of the people who come to the Department have poor employment prospects not just because they are disabled but for reasons connected with age, lack of skill or lack of motivation. A high proportion of the people whom the service generally finds it hard to place are in fact disabled, illness and disability being also one of a number of factors contributing to or arising from social maladjustment. Consequently the DRO finds himself struggling with far more than his fair share of people whose intractable problems intrude far into the social and educational sphere and in relation to whom the kind of employment skills envisaged by the Tomlinson Committee for the resettlement service are often irrelevant.

121 The great number of people with little real prospect of employment with whom the DRO has to deal blunts his edge as a resettlement officer. It becomes hard to avoid obsessive concentration on the problem of unemployment, as opposed to the preventive tasks associated with resettlement and with disabled people actually at work.

122 Prior to the reorganisation of the service in 1970 there was a DRO in every employment office, the great majority being Grade 5 part-timers some of whom were able to devote only a small percentage of their time to the service. Those in the smaller exchanges were supported by 'Group' DROs who gave peripatetic support and advice.

123 Following the reorganisation, which involved a net addition to the staff directly employed on DP work, there are now altogether 446 full time Grade 5 DROs based only on large offices and in addition 30 Blind Persons Resettlement Officers (BPROs) who are supported by six Blind Persons Training Officers (BPTOs) – recently increased to nine, plus a senior technical officer at Headquarters, to co-ordinate their activities in developing new employment opportunities. Pending the completion of the reorganisation process a further 77 DROs (mainly in London and South Eastern region) are able to devote only part of their time to the service. DROs based on area offices are now directly responsible for the work at a number of local offices where they receive permanent (but generally part time) clerical support.

124 Day-to-day management of the service is vested with the regions who are also responsible for the administration of training programmes for DROs. The officer reports to the manager of the office to which he is attached; but has a staff link at regional level, where following the reorganisation, a number of DROs were appointed to give reinforcement to those at local level as well as representing their problems upward. There are now twelve Grade 4 officers called 'Regional DROs', and seven based on local offices (generally in conurbations) and called 'Senior DROs'. In practice, most of the Grade 4 officers appointed at regional level had earlier experience as Grade 5 DROs: but this was not a sine qua non, nor is there at present any intention that the two tiers should provide a career structure.

125 The Departmental view of the DRO's function, which determines training, appointments and career planning, is that he is primarily a placing officer (like any other in a local office) whose job however requires him to gain working familiarity with medical concepts and with the special requirements of the DP Acts. Nevertheless every care is taken to ensure that the most suitable officers fill the DRO posts.

126 Under present arrangements an incoming DRO is inducted into his job for five days by an experienced DRO and shortly afterwards two days are allotted for visits to institutions. Thereafter he receives 'off-the-job' training for 25 days in all, none of which takes place before he actually takes up his position but all of which is ideally supposed to take place within one year. In practice, the aim of compressing the training into one year has rarely been achieved and there has recently been a considerable training backlog arising from the reorganisation. It is expected that the new staff levels achieved through reorganisation will enable the one-year aim to be realised.

127 The training consists of:

- (a) a 10-day basic course managed by regional offices, some of which now combine for the purpose
- (b) two 5-day courses held respectively at psychiatric and medical hospitals and
- (c) a 5-day advanced course held under HQ supervision at Dunford.

128 As part of this training, speakers are invited to cover prescribed subjects – mainly background medical facts, procedures under the Disabled Persons (Employment) Acts and information about medical and social work agencies; and there are opportunities for discussion. In the main, the training involves imparting fairly simple knowledge and reflects the view of the function of the DRO as a placing officer who reaches full



efficiency through experience on the job combined with increased awareness of problems connected with his work. It is implicit therefore that during the period while he is reaching full efficiency he should have the continuous support of colleagues of greater experience.

129 In so far as there is a specialised element in the expertise required by a DRO it concerns the ability to assess in the light of medical advice the special difficulties of his clients including the limitations imposed by disability, the relevance of special services including rehabilitation, the contribution other agencies can make in handling his problems and the availability and whereabouts of the right kind of job. In addition the DRO is a counsellor. Newly incurred disablement for example imposes upon people strains and difficulties which emerge only in the post-hospital stage when the individual is struggling to adapt himself. Sometimes there is a refusal to accept the limitations imposed by the disablement and there may be emotional or even psychiatric difficulties. These factors complicate the approach to re-employment and may result in a rejection of reasonable opportunities. The DRO cannot achieve satisfactory resettlement in such cases unless he is able to establish relations of confidence and be felt to be offering sound and expert advice.

130 We now turn to the advisory services available to the DRO to help him make assessments where the situation is not obvious.

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#### Advisory Services Available to the DRO

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131 The following advisory services are available to the DRO and these are discussed in the ensuing paragraphs:

- (a) Medical Services
- (b) Industrial Rehabilitation Units
- (c) Occupational Guidance Units
- (d) The Blind Persons Resettlement Service

132 In the case of a new registrant who is actually employed, the DRO will seek if necessary a medical report from a GP; in the case of unemployed people where there is not a report from a hospital, the DRO turns to the Regional Medical Service of the Department of Health and Social Security and the Scottish Home and Health Department which carries out on our behalf some 75,000 medical examinations per annum, including functional assessments. The RMS do not normally offer psychiatric advice but may sanction an approach to a consultant psychiatrist. At the moment, the average time taken to receive a report from the RMS on an individual is 10 days to 3 weeks; it is expected that the formation of the Employment Medical Advisory Service will in due course lead to a considerable improvement on this, and the Department's medical advisers are already advising DROs on difficult clients.

133 Resettlement clinics function at 76 hospitals, some of which accept DPs from outside the hospital, and DROs can and do participate in them. Equally, DROs are expected to attend at hospitals to identify people needing their services, and have a wide variety of informal contact with doctors and hospital staff. Where the DRO's clients come from hospital a standard medical report will be forwarded or can be obtained at the DRO's request. This includes an assessment of his functional limitations. By no means all such assessments are satisfactory, and in such cases a DRO will try to seek amplification at source; but otherwise he can turn to the Regional Medical Service.

134 In cases where the DRO wants a functional assessment amplified as for example where he has in mind a particular range of job opportunities, he can make arrangements to call together a Medical Interviewing Committee, to be present at the examination, and

to discuss the case with the client. These Committees can be called together at selected hospitals and are composed of two doctors, one with industrial knowledge, and a medical social worker. It will however be fairly rare that a DRO will feel justified in forming up such a body.

135 Where the DRO wants an assessment in depth he can refer his client (if the latter is prepared to go) to an Industrial Rehabilitation Unit (IRU) where courses lasting on average eight weeks are available for purposes of assessment and 'toning up'.

136 In relevant cases, a DRO can refer a client to an OGU which however will specialise mainly in directional work for individuals with a wide range of choice before them and which is not directly concerned with placing. OGUs are not equipped to assess the functional limitations of an individual in terms of the jobs they might think suitable to his intelligence or work history. They would be best equipped in a case where the disabled person submitted to them was able to undertake a white collar occupation where the restriction imposed by impairment might not be a bar to the job.

137 In principle therefore the DRO has at his disposal a range of assessment and counselling services. But these diagnostic aids represent fairly widely scattered pieces of machinery that can only be brought together and made to function reasonably well given time, enthusiasm and patience all round. They do not include any provision for comprehensive assessment at short notice, or where necessary in relation to a particular range of jobs or rehabilitation and training opportunities.

138 Blind Persons Resettlement Officers work on a much more geographically extended basis than DROs upon the resettlement of a limited number of clients. They are assisted by Blind Persons Training Officers, men with a technical background, in identifying jobs suitable for blind people, securing adaptations to machines etc, and actually giving induction training on the job for periods that may vary from a day to a week. Thereafter the BPRO makes follow-up visits so far as he judges it necessary to ensure that the individual is adjusted to his job, and to avoid by timely action the possibility of redundancy, e.g. where changes in production methods are occurring.

139 In addition to the continuous investigation into new employment opportunities by officers of the BPRS, the RNIB and St Dunstan's have over the years conducted research into employment opportunities for blind people. Because of fundamental changes in production methods in the engineering industry, research in greater depth became necessary and the Production Engineering Research Association of Great Britain was commissioned in 1970 to undertake a special research project. Both as regards such research and in the emphasis laid on follow-up the Blind Persons Resettlement Service probably approaches what Tomlinson had in mind for a resettlement service more nearly than the DRO service as at present operated.

140 Pioneering work of the RNIB, St Dunstan's and other organisations active in this field before the Departmental BPRS came into being in 1963, must take some of the credit for the continuing improvement in the industrial employability of blind people from a position where nearly thirty years ago they were considered virtually unemployable under open conditions.

141 It should not of course be assumed that the same techniques would be equally applicable to people with other disabilities, because blindness is a highly specific condition affecting people over the whole ability range whereas in the case of many of our clients the disablement has much less specific attributes including personality factors.

142 As we have seen (para 119) only a proportion of the DRO's clients need resettlement, in the sense that they have reached a turning point where the application of the right measures and the careful choice of the right jobs may largely determine their future. The

resettlement cases are however those where not only are the DRO's special skills most called for, but where the economic and human rewards of effective action are greatest. By definition, they are the cases where the benefits to be expected are long-term in nature.

143 The individual needing resettlement often needs to be approached at a time when he is in the hands of other agencies (notably hospitals and local authorities) who may at the time regard their own priorities as paramount and who may also regard their responsibilities as extending to resettlement without need for intervention by the DRO. Particular hospitals, local authorities etc. and individuals in these agencies may have widely differing views as to the role of the DRO.

*Table 20 Post employment follow-up of disabled persons placed in ordinary employment; analysis of cases in which follow-up action was taken during the period April 1964 to March 1968*

Type of case*	In employment classified as satisfactory		In employment classified as not satisfactory		Unemployed		Total, excluding those for whom no follow-up information available
	No	% of total	No	% of total	No	% of total	No
Placed after:							
1 industrial rehabilitation course	11,639	70.9	1,499	9.1	3,283	20.0	16,421
2 course at psychiatric centre at Henderson Hospital, Surrey	298	69.1	70	16.2	63	14.6	431
3 vocational training	4,650	87.2	347	6.5	336	6.3	5,333
4 placings requiring special arrangements by employers	1,562	83.7	137	7.3	168	9.0	1,867
5 other difficult cases and placings doubtful because of impairment	6,413	69.5	1,193	12.9	1,626	17.6	9,232
6 first placings after impairment	14,067	83.3	1,576	9.3	1,246	7.4	16,889
7 other cases selected by DRO	13,928	80.5	1,743	10.1	1,625	9.4	17,296
Totals†	52,557	77.9	6,565	9.7	8,347	12.4	67,469

\*The categories are mutually exclusive. For example, some ex-rehabilitees might have been recently impaired, but would be classified at (1) rather than at (6).

†Percentages throughout relate to respondents. About 12% failed to respond to inquiries.

144 Since there is no necessary agreement on roles, effective performance by a DRO in relation to many people needing resettlement depends upon his ability to get alongside professionals in other fields, whose inclination is to look at his potential clients from a very different viewpoint – e.g. as ‘social problems’ or as ‘patients’.

145 Resettlement of newly disabled people is therefore an area of uncertain and sometimes disputed responsibilities – these matters are often not best left to ‘teamwork’ at local levels; and the whole question of how to co-operate with other authorities over the resettlement of newly disabled people, an area central to our current policy objectives needs to be carefully examined in the light of the recommendations of the Tunbridge Report.



Effectiveness of Resettlement Service

- 146 In relation to the objective of finding the right jobs for disabled people the Tomlinson Committee foresaw that it would be necessary to establish within the employment office a specialised service "to undertake not only placing but also . . . follow up . . . to ensure that the placing is satisfactory to the individual and to the employer". Tomlinson described that as "a vital part of the administrative machinery". He went on to emphasise the need for "more information . . . as to the suitability of particular disabilities to particular occupations".<sup>1</sup>
- 147 The information at Table 20, collected up to 1968 (para 116 above) in relation to selected clients placed by us (viz, where there were important non-routine elements in the placing task) showed that some 78 per cent of respondents could be adjudged satisfactorily employed three months later; 10 per cent were unsatisfactorily employed and 12 per cent were unemployed.
- 148 While these results are not unsatisfactory, the nature of the follow-up exercise (brief inquiry by post without verification by DROs) is limited and cannot be regarded as a fully effective instrument either for monitoring the placing service or informing the DRO continuously about the practical effect of his work.
- 149 We have also seen that DROs have at their disposal only limited professional facilities for short term assessment of residual ability or occupational capacity; and although such a facility might be irrelevant to the simple requirements of many of the Department's unskilled clients, it might be relevant to many other who do not come our way precisely because we are not fully equipped to deal with them. A gap exists between the directional advice given by OGUs and the kind of counselling and placing based upon a knowledge of functional limitation which is the DRO's speciality. This may be most marked at the minor professional and craft levels where the effects of disablement can be considerable in ruling out particular occupational options.
- Summary
- 150 The main conclusions emerging from the above analysis are that:
- (a) Perhaps not more than one quarter of the client tasks dealt with by DROs each year are of people requiring resettlement, in the sense of having reached a turning point such as newly incurred disability, or of requiring highly specialised placing activity to get them into the right job. The remainder represent tasks rather more akin to ordinary placing activity; as disabled people they need extra consideration; but so do many others who are not disabled.
  - (b) The Department's service is perhaps over qualified to deal with the ordinary tasks but perhaps not sufficiently geared to the more difficult ones or to ensuring that the majority of the cases really requiring our help (as newly disabled and needing redirection) actually come our way. Machinery for assessment, including assessment of functional capacity, is at present widely scattered and slow to operate. The training of DROs is limited and they are heavily burdened with administrative tasks which restrict their counselling function.
  - (c) A special service can in any case only be fully worthwhile where it directs itself to people really needing highly specialised help and able to benefit from it, and is backed by a quick-working assessment service.
  - (d) More extensive follow-up procedures of recently resettled clients may well be desirable.

(1) Tomlinson Report, paras 103 and 104

## 4 Possible changes and developments

151 The analysis set out in Chapters 3 and 4 makes clear that the Department's present employment policy for disabled people and the specialist resettlement service are under a variety of pressures. These include, in particular, significant changes in the structure and characteristics of the disabled population which forms the clientele of the service.

152 In the first place the number of registered disabled people disabled in either of the two world wars has shrunk rapidly from over 370,000 in 1950 to about 85,000 at present. Secondly there has been a significant increase in the proportion of disabled people with age-related impairments – chiefly bronchitis, heart conditions and arthritis. This group now dominates the register and about half the disabled people in the employment field are now fifty years old or more. Another important and rapidly growing group consists of, on average much younger, people with mental illness or handicap, or with organic nervous conditions such as epilepsy and spasticity. Almost certainly not less than 20 per cent of the tasks of the Department's resettlement service are now concerned with people in these latter categories; although the total size of the problem, and its rate of increase, are hard to judge because many of the Department's clients who are mentally ill do not declare themselves as such.

153 People with age-related disabilities and many of those with mental or nervous disorders share a characteristic feature: namely the liability of these disorders to recurrence and in some cases to deterioration. This can lead to more frequent absences from work; and particularly in the case of mentally ill people, to difficult behaviour patterns and to a tendency to drift from job to job. These groups present therefore some intractable resettlement and employment problems.

154 Naturally enough unemployment rates amongst such categories tend to be higher than for other categories of disabled people and the groups which are of growing importance on the Register of Disabled Persons are also therefore those most liable to unemployment.

155 The analysis of the Disabled Live File, which of course is bound to contain a high percentage of longer term unemployed disabled people and does not provide a fair cross section of the Department's clients, nevertheless confirms the serious difficulties faced by many unemployed disabled people. 53 per cent of the total sample were over the age of 50; 81 per cent were considered to have social or psychological difficulties; 40 per cent had more than one disability; 75 per cent were wholly unskilled and most of these were judged to be untrainable at any recognised level, or unwilling to take advantage of the available training facilities.

156 The change in the pattern of disablement suggests that an increasing proportion of the Department's disabled clients may not need resettlement, in the sense of occupational redirection, and may not be able to benefit from a specialised placement service. In some cases the help of the ordinary employment service may be all that is necessary; in others the help of outside agencies may be needed; and some cases may not be susceptible to employment solutions at all. It also suggests that it is becoming increasingly important to identify as early as possible those disabled people who need resettlement and specialised services so that the necessary help may be provided at the time when the person is most likely to be able to benefit.

157 There may therefore be a need to make sophisticated and professional assessment facilities more readily available to disabled people and to the resettlement service. In principle the DRO already has at his disposal a range of assessment and counselling services. But these diagnostic aids represent fairly widely scattered pieces of machinery which it may be difficult for the DRO to utilise effectively and which do not include any

provision for comprehensive assessment at short notice. Improved assessment facilities might enable the Department to operate more selectively; might help to concentrate the resources of a specialised resettlement service on those who both need, and can benefit from, them; and might help to ensure that unemployed disabled people receive improved counselling and guidance, and that the appropriate steps are taken to help them, whether or not specialised resettlement services are needed.

158 Improved assessment facilities might need to be accompanied by improved arrangements for following up recently resettled clients in their employment. The Tomlinson Committee emphasized the importance of follow-up procedures but the resources available to the resettlement service have made it difficult for DROs to study individuals in their jobs in the way Tomlinson evidently had in mind. Improved assessment might be difficult to achieve, and to maintain, unless it were to be linked with improved follow-up procedures to feed back sufficient information to monitor the effectiveness of the assessment and to give the disabled people concerned support in settling in their new employment.

159 It would of course be possible to develop improved services for disabled people on these lines within the framework of the present resettlement service. But, as this paper has made clear, the Department has in recent years grown increasingly aware of the special employment problems of certain other disadvantaged groups who may have no medical handicaps but who nevertheless may need a specialised employment, or resettlement, service if they are to be given an equally fair opportunity to obtain suitable employment.

160 These include, for example, people who are psychologically disturbed or socially unfortunate and a significant group of young people who fail to settle to a job. A recent study at Washwood Heath employment exchange seems to indicate that nearly 10 per cent of the client tasks of the employment service are concerned with such people; and it seems possible that given concentrated attention many could be helped to become established in stable employment.

161 Moreover, as we have seen, the change in the pattern of disablement has tended to make it more difficult to draw the line between disabled people and these other disadvantaged groups. People with age-related impairments or with mental or nervous conditions, share certain employment characteristics with these other groups; and it is clear that we should to an increasing extent think of the employment problems of unemployed disabled people as being either connected with personal or psychological problems, or related to adverse movements in the labour market that affect older and unskilled people generally. It is also the case that the education services do not make sharp distinctions between disabled young people and others in need of special educational provision; and that the special officers of the Youth Employment Service have been dealing with disabled and maladjusted young people as well as with others who fail to settle in employment and that increasingly they have become reluctant to encourage registration (labelling) of disabled children except where this would confer some special benefit – e.g. sheltered employment.

162 Against this background it becomes necessary to consider whether it would be desirable to broaden the base of our present policy and to think in terms of one specialised resettlement service for all people with special employment problems including at its centre disabled people, who would naturally occupy a large part of its attention, but including also the other disadvantaged groups we have been considering. If it is the case that these groups could benefit from a specialised resettlement service, and if they share many of the employment problems of disabled people, it may be that the special services they require would have much in common with the special services needed by disabled people and should be provided on a common basis. This could help to ensure that the resources available were utilised to the best advantage and that the people concerned received the help they needed.



163 At the heart of such a combined resettlement service there would need to be effective assessment facilities. The considerations set out in paragraph 157, which discussed assessment for disabled people, would apply all the more strongly to a combined resettlement service.

164 One hopeful possibility would be to extend the facilities of existing Occupational Guidance Units or, where these do not exist, to establish new assessment units. Candidates for assessment would consist of those identified at the employment exchanges as having special employment problems and as being *prima facie* likely to benefit from special services. The field from which people would be selected for assessment, although naturally attendance at an assessment unit would be voluntary, would consist of disabled people, of other disadvantaged people and perhaps of young people with fairly obvious employment difficulties.

165 The assessment team at an assessment unit might consist of the officer in charge, his deputy, a doctor, a psychologist and a social worker. The unit might operate at two levels. Many coming for assessment might see only the officer in charge (or his deputy) and the doctor – as it is important to bear in mind that many people who are functionally or mentally impaired are not at present identified as such – although the doctor would not be called upon where there was self evidently no medical difficulty or where his advice on functional adaptation to particular jobs was not required. Others, where it was judged necessary, might be seen and assessed in greater depth by the team as a whole. The aim would be to determine whether it would be desirable to refer the person concerned to one of the special services – resettlement, rehabilitation or training; and to ensure that all received counselling.

166 Where no special service was thought by the assessment unit to be applicable, the individual could be dealt with by the employment officer at the employment exchange, but on the basis of an assessment which described clearly his functional abilities and made recommendations about his future employment, including answers to any questions asked by employment officers regarding his suitability for particular jobs. Where assessment in greater depth was thought to be desirable for any purpose, including guidance to the individual, reference could be made to an IRU; and individuals who could not for the time being benefit from any of the Department's services could be referred to other agencies; for example the local authority social service departments or voluntary organisations. If these agencies found themselves unable to assist, the individuals concerned would remain on the Department's register and we would continue to do all we could to place them in suitable employment. It might be that after a period of time, due to changed circumstances, a person whom we thought initially would not benefit from any special service might eventually respond to it.

167 To man such a resettlement service, covering all those with resettlement problems, the Department could develop a new kind of post, that of the Resettlement Officer, replacing the DRO with whom he would have a number of points in common. Like the DRO he could be based on the Area Office but unlike him he would not be exposed to the whole flow of clients thought *prima facie* to need his services. His advice on such matters as whether to send an individual forward for assessment could, however, always be available to employment officers. The Resettlement Officer could act upon instructions from the assessment unit; and the officers in charge of the assessment units could be Resettlement Officers of a higher grade; i.e., the line of command of the Resettlement Officer would lie through the assessment unit; though for administrative purposes the Resettlement Officer would be part of the staff of the Area Office.

168 It could be the particular duty of the Resettlement Officer, as with the DRO, to attend at hospitals so as to bring to assessment those newly disabled people who seemed *prima facie* to require redirection. It could also be his duty to place clients assessed to require his specialised knowledge, and to handle all administrative matters, including

placing, connected with those who had been sent by assessment units for rehabilitation or training.

169 The Resettlement Officer would need special and more sophisticated training. The elements of knowledge required would be (1) job study, (2) counselling techniques (3) some medical knowledge and (4) a knowledge of the functioning of other agencies. The Resettlement Officer could perhaps attend training sessions with occupational therapists and social workers. In addition, to improve knowledge and deepen his initial training in job study, the Resettlement Officer could follow up in an organised fashion and under direction, a proportion of his resettled clients. This would involve him seeing them at their jobs. The Resettlement Officer would, in effect, act as an employment casework officer who would be expected to work where necessary with other agencies, but not himself to be or become a 'social worker', in order to secure suitable employment for those assessed to need his particular skill and care in placing. He would probably remain within the special resettlement service for a substantial part of his career, but this specialisation would need to be interspersed with a fair measure of experience in other parts of the employment service.

170 However it is important to emphasize that the hypotheses set out in paragraph 162 are only at the moment hypotheses. It may be that other disadvantaged groups with special employment problems cannot benefit sufficiently from a special resettlement service to justify its cost; or it may be that, although such a service can be shown to be justified, the employment problems of many disabled people, and the help they need, prove not to be so similar to those of other disadvantaged groups as the analysis in this paper would seem to suggest. It is essential therefore to retain, on the one hand, the option of developing a separate specialist service for other disadvantaged groups and, on the other hand, the option of continuing to confine the scope of the specialist service to disabled people and of concentrating on improving its effectiveness.

171 Moreover the present specialised resettlement service for disabled people has been built up carefully over a long period. The Department considers that in many ways it operates effectively and that it provides valuable, and often essential, help to a great number of disabled people in obtaining and keeping suitable employment. Any changes need therefore to be approached cautiously and on a progressive and experimental basis; and to be introduced only if it can be shown that such changes will in practice significantly improve the existing employment prospects of disabled people and of other disadvantaged people at a cost commensurate with the improvements obtained. It is therefore proposed, subject to the views of the Council, to mount four experiments designed to test the various possibilities discussed earlier in this paper. It is hoped to get these experiments off the ground in the autumn. It is not proposed to make changes in the resettlement service now, and no changes will be proposed until the experiments are complete.

172 The four experiments are intended to find out, bearing in mind the costs and benefits involved:

- (a) whether the present disablement resettlement service should desirably be broadened so as to include other disadvantaged people with special employment problems
- (b) or whether a separate specialised service should be provided for these other disadvantaged people
- (c) or whether it would be best to leave matters as they are and to concentrate on improving the effectiveness of the present service
- (d) whether it is desirable to concentrate the resources of a specialised service on those who both need, and can benefit from, resettlement
- (e) whether sophisticated and professional assessment facilities should be more readily available

(f) whether improved arrangements for the follow-up of those recently resettled in employment are justified.

173 The four experiments are fully described at Appendix 8. The views of the NACED are invited on (a) whether this paper's analysis is valid and (b) the scope and form of the four proposed experiments.



## Appendices

- 1 Analysis of the Disabled Live File
- 2 Analysis of disabled people in employment on 1 January 1971 who had been unemployed on 1 October 1970
- 3 Supplement to the analysis of the Disabled Live File
- 4 The working status of men and women in different age groups
- 5 Medical code for the classification by disability of disabled persons
- 6 Estimated annual number of boys and girls aged 16 and 17 leaving special schools in England and Wales, analysed by handicap category
- 7 Characteristics of clients of the DP resettlement service
- 8 The experiments

## Appendix 1 Analysis of the Disabled Live File

1 This appendix and the attached tables analyse a four per cent sample of the disabled people unemployed on 1 October 1970 (the Disabled Live File or DLF). By no means all the information available on the punched cards is set out here; and Appendix 3 reports a short follow up exercise undertaken in July 1971 to determine employment outcome for the sample.

2 *The sample.* The DLF contained 97,028 adults aged 18 and over on 1 October 1970 and the sample consists of 4,177 of these selected at random. The southern regions are slightly under represented in the sample and probably as a consequence, 75 per cent of people in the sample were registered disabled persons (RDPs) compared with 77 per cent of those on the DLF. This also accounts for the slight over-representation of people unemployed for more than 52 weeks in the sample. These are however acceptable tolerances and the answers to the questionnaires appear internally consistent.

3 *Some limitations.* The DLF as counted on a particular day is not a true cross section of our clientele, i.e. those who actually enter an exchange over a period. It is bound to contain a substantially higher proportion of longer term unemployed people who stick on the books. Perhaps this will be better understood if we consider that of the 97,000 people on the DLF on 1 October 1970 we had placed 6,072 three months later (an equivalent number had found jobs for themselves) whereas over that period we actually placed 14,457 RDPs alone\*. Thus the DLF is a true picture of our current problem in terms of unemployed people, but not of our clients generally.

4 In certain respects moreover the analysis is circular. A DRO answering the questions in front of him will tend to form judgments on the basis of the information he has already entered and not of his direct appreciation of the person; to take an extreme instance, he is likely to say that someone who has been unemployed over a year has poor employment prospects. Certain judgments therefore tend to be 'built in' as stereotypes of previous experience. This means that in interpreting the results we should not always assume that our prejudices are vindicated if we find what we expect to see: and particular significance needs to be attached to departures from the pattern, and unexpected findings.

### MAJOR FINDINGS

5 *Broad picture.* On the whole the DLF exhibits a rather depressing picture. Tables 1-35 attached (which correspond to the questionnaire and represent all the basic information at our disposal) show that unemployed DPs tend to be elderly (53 per cent over 50), male (89 per cent), unmarried (39 per cent), but without dependent children, not very mobile or willing to take advantage of available employment or training services, tending to have additional disadvantages (71 per cent), and disabilities (40 per cent); to have been unemployed for a long time (65 per cent over 6 months) judged untrainable at recognised levels (67-88 per cent) and to have unskilled occupational status (75 per cent). As compared with the unemployed population generally therefore, they are considerably older on average, men are rather more highly represented, fewer of them are married or have dependent children, and they tend to have been unemployed for much longer periods.

### THE 'HARD-TO-EMPLOY'

6 Of people in the sample 36 per cent were judged by DROs to have no reasonable prospect of employment in the travel-to-work area and the follow-up exercise (Appendix 3)

\*These figures are not strictly comparable since the 6,072 does not include people we placed and who lost their jobs before January 1st 1970 and the 14,457 may include in some cases several placings for the same people. Moreover we are comparing DPs with RDPs. But the order of magnitude is correct.

Table A Analysis of certain hard-to-employ persons aged 50 and over

People aged 50 and over (1) with no reasonable prospects of employment  
(2) who are not capable of training (3) and are unskilled (4)

People with poor motivation	Others	Total
299	431	730

Table B Differences between long-term and short-term unemployed people on the DLF

Characteristics	People unemployed for less than 52 weeks (No. in sample = 2,152)	People unemployed for more than 52 weeks (No. in sample = 2,025)	Total sample (No. = 4,177)
	%	%	%
1 Age 18-39	29.2	17.1	23.3
40-49	25.5	21.5	23.6
50-59	28.7	37.2	32.8
60 plus	16.6	24.1	20.3
	100.0	100.0	100.0
2 Sex Male	88.6	89.0	88.8
Female	11.4	11.0	11.2
	100.0	100.0	100.0
3 Secondary disability	34.5	46.3	40.2
4 Those with industrial injury or war disability pension ...	9.3	8.3	8.9
5 ... of which those with 50% or more disablement	19.4	21.3	20.3
6 Travel restrictions imposed by disability	17.1	23.9	20.4
7 Registered for light, unskilled manual work	62.3	76.8	69.3
8 Classification: Section I	88.5	76.5	82.7
Section II	6.8	19.6	13.0
Not classified	4.6	3.9	4.3
	100.0	100.0	100.0
9 Is judged to be disadvantaged because of:			
1 disrupted education	5.3	0.7	3.7
2 poor motivation	23.1	15.4	20.3
3 personality or emotional difficulties	22.5	17.9	20.8
4 recurrent sickness	11.9	12.4	12.1
5 domestic troubles	4.3	6.3	5.5
6 other difficulties	12.5	25.1	16.8
7 no social or psychological disadvantage	20.3	22.1	20.9
	100.0	100.0	100.0

*Note*

The characteristics at 1-9 above are abstracted from a much fuller set which correspond to questions asked in the course of the Disabled Live File Analysis. The full table is reproduced at Table 43. These particular characteristics are the ones clearly associated with long-term unemployment; many other characteristics are not so associated.



throws some light on the reliability of these judgments. Thus within the following nine months 12 per cent of those assessed as having no reasonable prospect of employment had in fact found a job (including temporary or casual work). On the other hand the rate of obtaining employment amongst those not assessed as having 'no reasonable prospect' was three times greater. DROs can make a reasonably accurate assessment of employment prospects but there is a not inconsiderable margin of uncertainty embracing both those who contrary to expectations find a job and those who do not. After making allowances for the reliability of their predictions we can perhaps conclude that between 20 per cent and 30 per cent of those on the DLF, representing an average of about 24,000 people, are in practice 'unemployable'. Table A shows that within this group there is a 'hard core' consisting of DPs aged 50 and over who are unskilled and judged to have no reasonable prospect of employment and also to be incapable of training. One in six people (17.5 per cent) in the whole sample have this set of characteristics.

7 *Employability.* There are two possible measures of low employability. One is actual long-term unemployment. The other is recurrent unemployment. The analysis by impairment groups of persons with recurrent sickness (Table 42) sheds some light on this question since recurrent sickness is likely to be associated with recurrent unemployment. People with bronchitis, epilepsy, heart and digestive diseases and psychosis and neurosis are to be found in this category and as we know from evidence elsewhere it is people with these impairments who consistently experience above average rates of unemployment. Table B below shows how far various factors are associated with long-term unemployment. Table C breaks down the long-term unemployed according to disability group.

*Table C Impairment profile of persons unemployed for less than and more than 52 weeks*

Impairment group	Duration of unemployment		
	less than 52 weeks	52 weeks or more	Whole sample
	No. = 2,152	No. = 2,025	No. = 4,177
	%	%	%
1 Amputation	2.6	1.8	2.3
2 Arthritis and rheumatism	4.2	4.5	4.4
3 Diseases of digestive system	4.5	5.1	4.8
4 Diseases of genito-urinary systems	0.9	0.7	0.8
5 Diseases of heart and circulatory system	10.7	10.8	10.8
6 Diseases of respiratory system	12.6	14.0	13.3
7 Diseases of skin and cellular tissue	1.4	1.7	1.6
8 Ear defects	3.0	2.3	2.7
9 Eye defects	4.1	4.5	4.3
10 Injuries of head and trunk	2.6	3.9	3.2
11 Injuries, diseases and deformities of limbs	13.5	12.2	12.9
12 Injuries, diseases and deformities of spine	11.0	9.3	10.2
13 Mental disorders	16.5	16.3	16.4
14 Organic nervous diseases	6.1	6.5	6.4
15 Tuberculosis	2.3	2.6	2.5
16 Other diseases and injuries	3.9	3.5	3.7
	100.0	100.0	100.0

8 Tables B and C show that the factors mainly associated with long-term unemployment are (1) advancing age (2) extent of disability (as judged by classification as Section II and incidence of secondary disability) and (3) previous employment status. There is no striking relationship between long-term unemployment and type of disability although there are proportionately more people with digestive and respiratory diseases, head and trunk injuries and organic nervous diseases amongst those unemployed for 52 weeks or more. So far as can be judged the long-term unemployed as a group are averagely well motivated and willing to take advantage of the services which the Department offers. There is no preponderance of those disabilities (e.g. mental) which we believe from other evidence represent increasing employment problems. The group are, as a whole, simply older, sicker and predominantly belonging to the 'unskilled, light' employment category. Perhaps indeed we should think of the problem of the unemployed disabled as largely a by-product of the ageing of light, unskilled workers; and this may deepen our appreciation of its intractable nature.

9 The following Tables D and E further illustrate the significance of advancing age. The sample data relate to adult DPs alone, but Table D provides some information about the unemployment experience of young persons (i.e. below the age of 18).

*Table D Age and Unemployment: Great Britain*

<i>Age Group</i>	<i>Wholly Unemployed (able-bodies plus Section I RDPs) July 1970</i>	<i>Unemployed Disabled People (DLF) October 1970</i>	<i>Long-term Unemployed Disabled people (more than 52 weeks) October 1970</i>
	%	%	%
18-39	48	23	17
40-49	16	24	22
50-59	18	33	37
60 plus	18	20	24
All adults	100	100	100

Sources: Column 2, DE Gazette 1972, Page 708, Columns 3 and 4, DLF Analysis; for 1.10.70.

Table E Disabled and fit males

## Unemployed in each age group:

Percentages unemployed for more than 13, 26 and 52 weeks in July of each year

Age group	15-19			20-24			25-39			40-49			50-54			55-64			15-64		
	13+	26+	52+	13+	26+	52+	13+	26+	52+	13+	26+	52+	13+	26+	52+	13+	26+	52+	13+	26+	52+
<i>Duration of unemployment (weeks)</i>																					
1959—Disabled	50.7	30.3	13.9	55.6	38.4	18.7	64.2	46.7	25.9	68.5	52.3	31.2	71.9	55.4	34.2	75.2	59.4	37.9	69.5	52.9	31.8
1959—Fit	26.1	12.3	3.1	32.9	18.3	6.1	44.9	28.4	12.1	51.6	35.0	17.4	57.0	40.0	21.1	66.2	48.8	27.1	48.6	32.2	15.3
1970—Disabled	45.0	24.9	10.3	50.3	33.0	16.9	60.7	42.9	24.8	69.9	53.9	35.3	72.7	57.7	39.6	80.7	66.9	48.4	72.1	56.8	38.5
1970—Fit	14.3	5.9	1.5	23.4	11.0	3.7	36.2	20.3	8.4	45.8	29.4	15.5	52.5	36.6	21.1	70.9	55.5	36.2	43.8	28.4	16.4

## Note:

Male unemployment rate, monthly average (total register):

	1959	1970
Disabled	8.0	11.8
Fit	2.1	3.3



10 These tables clearly show how the problems of age and disability merge together; and Table E also brings sharply into focus the special problems of youth (para. 11). At the age of 60 plus, the unemployment experience of disabled people does not greatly differ from that of other older people except perhaps in respect of those whose disability is markedly more severe. Most people over the age of 60 are in some sense 'disabled' though only a proportion are so categorised; and there is some evidence elsewhere in the analysis that people in this group are altogether more resigned to their position and less inclined to push for work. Indeed there seems little case in logic whatever the administrative compulsions for according separate treatment to disabled people of 60 or over; either all should receive similar treatment as 'hard to employ' or else none should receive special attention.

11 Table E shows that although (as we know from the DLF analysis) younger disabled people have a better chance of getting employment than older disabled people, and the position of older people has worsened since 1959 (also a year of weak demand for labour), the difference between the time taken for the able-bodied and Section I RDPs, in their own age group, to find work is greater among the young than among the more elderly, and between 1959 and 1970 it increased more rapidly amongst the young than amongst older people. We know in general that the employment position of younger people is more sensitive to changes in the general employment rate than that of older people; and Table 36 shows that in regions of higher unemployment the liability of younger people to become long-term unemployed rises quite steeply. Under any policy based upon the idea of disabled people as a (vulnerable) economic resource, special attention would no doubt be directed to this area, with special reference to training and 'training for stock'. These facts, too, may illuminate what is actually happening at the present time of comparatively high general unemployment.

12 People who have been out of work for 13 weeks or less exhibit a much lower incidence of those characteristics which are associated with long-term unemployment (see Table 44). Thus the recently unemployed people on the DLF, representing 22 per cent of the sample, tend on average to be younger, to have fewer social or psychological disadvantages and to be unregistered. Proportionately more were judged to have a reasonable prospect of employment and the potential to undertake training at recognised levels. They tend more to be classified as Section I and not to have a secondary impairment. The occupations for which they are registered are less likely to be of the unskilled manual type.

13 *The DP Register.* The analysis confirms that people tend to register as DPs in proportion to their difficulty in finding a job. Tables 38 and 39 show that incidence of registration is usually lowest in regions with low rates of unemployment and highest in the age groups 50–59 and among those with unemployment duration over 13 and particularly over 52 weeks. Thus a finding that RDPs have greater difficulty in getting a job (Appendix 2) is circular, and conclusions either way about the effectiveness of registration or of the quota scheme are suspect.

14 However, there are some anomalies. The incidence of registration in the areas with high unemployment rates (Northern region, Scotland and Wales) is lower than might be expected on the basis of the relationship between these two factors in other regions. This is particularly true for those in the younger age groups and shorter unemployment duration-ranges in Wales and Northern region. This coincides in the case of Northern region with an unusually high proportion of long-term unemployed among younger DPs (see Tables 36, 38 and 39). If the lower than expected incidence of registration in these areas were due to regional policy, this might go some way to suggest that registration does in fact assist people to gain employment in the younger age groups at least; and that existing policy should be adjusted. But the evidence is far from conclusive particularly in view of the relatively low population, and therefore numbers, in the samples concerned.

15 Table 40 shows that there is a strong tendency on the part of people with mental illness, mental handicap, skin diseases and pulmonary tuberculosis not to register. This tendency does not extend to the other fluctuating conditions (epilepsy, heart disease, bronchitis/asthma) possibly because there is less possibility of concealment. For obvious reasons, there is an opposite tendency on the part of blind people and people in wheel chairs.

#### UNREGISTERED DPs

16 Table F compares registered and unregistered DPs.

*Table F Percentages of registered and unregistered DPs enumerated in the sample with certain characteristics*

<i>Characteristics</i>	<i>Unregistered DPs No. = 1,063</i>	<i>Registered DPs No. = 3,114</i>
	<i>%</i>	<i>%</i>
1 Age group 18-39	26.9	22.1
40-49	23.8	23.5
50-59	28.6	34.3
60 plus	20.7	20.1
	100.0	100.0
2 Sex Male	86.7	89.5
Female	13.3	10.5
	100.0	100.0
3 Reasonable prospect of employment YES	59.3	66.0
NO	40.7	34.0
	100.0	100.0
4 Secondary disability	30.5	43.5
5 Travel restrictions imposed by disability	18.6	21.0
6 Duration of unemployment		
(a) 13 weeks or less	27.8	20.8
(b) 53 weeks and over	43.7	50.1
7 Attended or awaiting an IRU course	12.8	17.1
8 Eligible for and willing to attend an IRU course	2.4 (No. = 26)	1.6 (No. = 49)
9 Attended or awaiting a training course	2.9	4.6
10 Assessed as capable of training	13.3	12.1
11 Assessed as capable of training and willing to train	3.4 (No. = 36)	2.6 (No. = 82)
12 Judged to be disadvantaged because of:		
(i) disrupted education	0.5	0.6
(ii) poor motivation	10.2	11.0
(iii) personality or emotional difficulties	25.0	15.4
(iv) recurrent sickness	11.7	12.6
(v) domestic troubles	7.1	6.2
(vi) other difficulties	22.0	23.5
(vii) no social or psychological disadvantages	23.5	30.7
	100.0	100.0

17 A biasing factor is that, of those recorded as 'unregistered' in the sample, we know from our January follow-up that one in twelve had registered by January 1st 1971; and we know also that this little group scores highly on employability (Appendix 2). This is another way of saying that some of those unregistered on 1 October 1970 had not had time to register and that the 'unregistered group' contains a small percentage of highly employable quick through-put people who should not really belong to the groups. The findings below need to be considered in this light.

18 Table F shows that unregistered people are somewhat younger and include more women. They have fewer secondary disabilities and additional handicaps. As compared with RDPs they seem slightly more willing to attend IRUs and to train although the numbers involved are small and, as we already know (Appendix 2) they are on average more likely to find employment – even after making full allowance for the factor at paragraph 17 above. However, based on the DROs assessment the group contains a somewhat higher proportion of people with no reasonable prospect of employment as compared with RDPs i.e. 41 per cent as against 34 per cent (this too takes account of the factor at paragraph 17); they tend to find their own jobs rather than to be placed by us; and fewer of them proportionately have actually attended IRUs or been sent for training; though this may reflect their higher employability. In other words, as one might expect, we tend to do more all round for the RDPs.

19 The question however arises whether we perhaps under-estimate the UDPs and do enough for them.

#### THE SEVERELY DISABLED (Section II DPs)

20 Section II people (Table G) are shown to be rather younger than Section I people and with a slightly higher female element. More have secondary disabilities and many more have a travel restriction imposed by disability.

21 They are adjudged substantially less trainable than Section I people but the same or even a higher proportion have actually attended or are waiting to attend training units. It seems therefore that DROs are prepared to stretch a point in encouraging any trainable material to go forward even though the subsequent chances of employment are less; and the same seems to apply to IRU courses even though Section II people are evidently reluctant to go on them (Table G).

22 There is a strong tendency for certain disabilities to attract a Section II rating. These are, eye defects, mental disorders and organic nervous diseases (including epilepsy) (see Table 37). Together with the fairly wide degree of regional variation in the proportions of people classified as Section I and Section II (see Table 13) this sheds some doubt on the objectivity of some of these classifications as commonly made, and may support the belief that some people are classified Section II or otherwise mainly according to the local availability of sheltered employment. However, the finding (Table G) that more than twice as many Section II as Section I people have a travel restriction imposed by disability leaves no room for doubt even allowing for the high percentage of blind people, that Section II people as a whole are more severely disabled.



*Table G Percentages of DPs in the sample classified as Section I or Section II with certain characteristics*

<i>Characteristics</i>	<i>Section II (No. = 543)</i>	<i>Section I (No. = 3,455)</i>
	%	%
1 Age group 18-39	26.5	22.7
40-49	19.3	24.3
50-59	34.0	32.8
60 plus	20.1	20.2
	100.0	100.0
2 Sex Male	87.8	89.1
Female	12.2	10.9
	100.0	100.0
3 Reasonable prospect of employment YES	37.6	68.8
NO	62.4	31.2
	100.0	100.0
4 Secondary disability	49.0	39.5
5 Travel restrictions imposed by disability	42.0	17.1
6 Duration of unemployment		
(a) up to 13 weeks	10.2	24.1
(b) more than 13 weeks	73.1	44.9
7 Attended to awaiting an IRU course	19.3	15.7
8 Eligible for and willing to attend an IRU course	0.7 (No. = 4)	1.9 (No. = 67)
9 Attended or awaiting a training course	4.4	4.2
10 Assessed as capable of training	5.0 (No. = 27)	13.4 (No. = 462)
11 Assessed as capable of training and willing to train	1.8 (No. = 10)	2.9 (No. = 100)
12 Judged to be disadvantaged because of:		
(i) disrupted education	0.9	0.5
(ii) poor motivation	11.2	11.0
(iii) personality or emotional difficulties	24.9	16.6
(iv) recurrent sickness	13.6	12.4
(v) domestic troubles	6.1	6.5
(vi) other difficulties	23.9	22.9
(vii) no social or psychological difficulties	19.3	30.2
	100.0	100.0

## WOMEN

23 Women comprise 11 per cent of the DLF and not unexpectedly because of their lower statutory retirement age, they are on average younger than the men.

24 Compared with male DPs a very much smaller proportion of women are married and less than 4 per cent of those in the sample have dependent children. Proportionately fewer women are registered as disabled persons, fewer have a secondary disability and they are less likely to have attended or to be awaiting entry to an IRU. The DROs assessment of training potential shows that relatively fewer women are capable of undertaking a course at a recognised level.

25 There is a significant occupational difference between the sexes in the sample, in that proportionately twice as many women have a clerical or commercial background. The impairment profile shows that women on the DLF are much more likely than men to have mental and organic nervous diseases and less likely to suffer from digestive and respiratory conditions. Table 45 gives a comprehensive comparison of the characteristics of men and women in the sample.

IMPLICATIONS FOR OUR SERVICES

26 In general, the analysis does not reveal that there is a strong demand for our ancillary services (sheltered employment, training and rehabilitation) on the part of the people on the DLF. This applies particularly to training and rehabilitation; but the effective demand for sheltered employment appears also somewhat less than one might expect; 40 per cent of those classified as Section II are unwilling to accept sheltered employment.

27 *Sheltered Employment.* Table H sets out the position regarding demand for sheltered employment by people on the DLF.

Table H Sheltered employment  
Total Section II Persons: 543

Unwilling to accept sheltered employment 214	Willing to accept sheltered employment 329		
		Not submitted 241	Submitted 88
		No Workshop 79	Workshop, no suitable vacancy 162
		Accepted, or Result Awaited 46	Rejected 42

28 The findings that 60 per cent are willing to accept sheltered employment cannot be accepted at face value in the light of statements by Remploy managers that of those selected, only about one-third turn up for work; and of the follow up results to initial statements made to the Social Survey about willingness to consider sheltered employment (Social Survey, Part II, pp 50–51 and 55–58).

29 *Training.* Of the sample as a whole, only 13 per cent were adjudged to have any training potential (a further 20 per cent were regarded as ‘potential not assessable’) and only 5 per cent were adjudged trainable at craft levels or above. Regional variations were not considerable, but as might be expected the highest levels of trainability tended to be in the regions of highest unemployment. These however tended to be the regions where the lowest proportions of those trainable were willing to train, no doubt because of scepticism as to subsequent employment prospects (Table 31).

30 *Rehabilitation.* Sixteen per cent of those in the sample have attended or are awaiting a rehabilitation course. Of the remainder, only 27 per cent are adjudged eligible and of these only 8 per cent or a total of 75 people in the sample are willing to attend.

31 It seems likely that the majority of DPs attending IRUs and training courses come from among those who are shorter-term unemployed and who are therefore under represented in the DLF cohort (para 3); and that neither training nor rehabilitation as at present conceived can be expected to help much towards relieving the problem of actual unemployment among disabled people on the DLF. The relatively high percentages

of those attending training and rehabilitation as compared with those eligible and willing to go on these courses also seems to indicate that DROs do their utmost to use them where they can.

## SUMMARY

- 32 (1) A substantial proportion of those on the DLF are very unpromising employment material. Perhaps 25–30 per cent are in practice ‘unemployable’ (para 6).
- (2) Bronchitis, epilepsy, heart and digestive diseases and psychosis and neurosis are associated with recurrent sickness and by inference with recurrent unemployment (para 7).
- (3) Factors mainly associated with long-term unemployment among DPs are advancing age, extent of disability and previous employment status (para 8).
- (4) After a certain point, age and disability merge. The employment position of DPs and ABs after the age of 60 is not strikingly different and there seems little case for treating them differently (para 10).
- (5) No particular disabilities are strikingly associated with long-term unemployment (para 8).
- (6) The position of younger DPs is strikingly worse than that of their AB contemporaries, and is sensitive to changes in the general unemployment rate. Further attention needs to be directed to this area (para 11).
- (7) People unemployed for thirteen weeks exhibit a much lower incidence of those factors associated with long-term unemployment (para 12).
- (8) People do tend to register in proportion to their difficulty in finding jobs. All findings about the differential employment prospects of registered/unregistered people therefore tend to be circular (para 13).
- (9) Policy regarding registration in Northern and Welsh regions ought perhaps to be checked (para 14).
- (10) People with mental handicaps tend not to register. This does not extend to epilepsy (para 15).
- (11) We do more for RDPs than UDPs. But the latter may be more promising material than we think (para 18).
- (12) There is room for doubt as to the objectivity of some Section II ratings. But on the whole there is no doubt that Section II people are more severely disabled (para 22).
- (13) Women on the DLF are on average younger than men and a very much larger proportion are unmarried. Their occupational status is somewhat higher (para 23).
- (14) There is no strong unfilled demand for our supporting services by people on the DLF (para 26 *et seq*). On the contrary, willingness to take advantage of them appears low.
- (15) Training potential of people on the DLF is low and willingness to train is partly a function of subsequent employment prospects (para 29).
- (16) DROs seem to encourage people to use rehabilitation and training services where relevant and available, but these services as at present conceived can do little more to relieve actual unemployment among DPs on the DLF (para 31).



Table 1 Analysis by age (males and females)

Regions	AGE GROUPS					
	18-39 years	40-49 years	50-54 years	55-59 years	60 years and over	All age groups (Total)
London and South Eastern	137 24.1	133 23.4	83 14.6	88 15.5	127 22.4	568 100.0%
Eastern and Southern	90 25.7	66 18.9	43 12.3	67 19.1	84 24.0	350 100.0%
South Western	56 24.8	58 25.7	30 13.3	44 19.5	38 16.8	226 100.0%
Midlands	157 25.9	117 19.3	76 12.5	110 18.1	147 24.2	607 100.0%
Yorkshire and Humberside	119 21.9	155 27.5	94 16.7	97 17.2	99 17.6	564 100.0%
North Western	119 21.8	143 26.2	76 13.9	101 18.5	107 19.6	546 100.0%
Northern	93 21.3	94 21.5	72 16.5	90 20.6	88 20.1	437 100.0%
Wales	83 22.7	83 22.7	45 12.3	79 21.6	75 20.5	356 100.0%
Scotland	121 23.5	135 26.3	76 14.8	100 19.5	82 16.0	514 100.0%
All Regions (Total)	975 23.3	984 23.6	595 14.2	776 18.6	847 20.3	4,177 100.0%

Table 2 Analysis by sex

Regions	SEX		
	Male	Female	Total (M & F)
London and South Eastern	502 88.4	66 11.6	568 100.0%
Eastern and Southern	307 87.7	43 12.3	350 100.0%
South Western	204 90.3	22 9.7	226 100.0%
Midlands	551 90.8	56 9.2	607 100.0%
Yorkshire and Humberside	508 90.1	56 9.9	564 100.0%
North Western	472 86.4	74 13.6	546 100.0%
Northern	397 90.8	40 9.2	437 100.0%
Wales	339 92.9	26 7.1	365 100.0%
Scotland	428 83.3	86 16.7	514 100.0%
All Regions (Total)	3,708 88.8	469 11.2	4,177 100.0%

Table 3 Analysis by marital status

MARITAL STATUS			
Regions	Married	Not Married	Total
		(Including widowed or divorced)	
London and South Eastern	321 56.5	247 43.5	568 100.0%
Eastern and Southern	205 58.6	145 41.4	350 100.0%
South Western	137 60.6	89 39.4	226 100.0%
Midlands	376 61.9	231 38.1	607 100.0%
Yorkshire and Humberside	357 63.3	207 36.7	564 100.0%
North Western	324 59.3	222 40.7	546 100.0%
Northern	269 61.6	168 38.4	437 100.0%
Wales	237 64.9	128 35.1	365 100.0%
Scotland	316 61.5	198 38.5	514 100.0%
All Regions (Total)	2,542 60.9	1,635 39.1	4,177 100.0%

Table 4 Analysis by number of dependent children

DEPENDENT CHILDREN						
Regions	0	1	2	3	4 or more	Total
London and South Eastern	449 79.0	29 5.1	37 6.5	19 3.4	34 6.0	568 100.0%
Eastern and Southern	265 75.7	21 6.0	37 10.6	12 3.4	15 4.3	350 100.0%
South Western	166 73.5	20 8.8	12 5.3	12 5.3	16 7.1	226 100.0%
Midlands	458 75.4	50 8.2	35 5.8	26 4.3	38 6.3	607 100.0%
Yorkshire and Humberside	402 71.3	41 7.3	45 8.0	26 4.6	50 8.8	564 100.0%
North Western	400 73.3	43 7.9	39 7.1	24 4.4	40 7.3	546 100.0%
Northern	326 74.6	36 8.3	25 5.7	18 4.1	32 7.3	437 100.0%
Wales	260 71.2	38 10.4	27 7.4	19 5.2	21 5.8	365 100.0%
Scotland	365 71.0	41 8.0	37 7.2	32 6.2	39 7.6	514 100.0%
All Regions (Total)	3,091 74.0	319 7.7	294 7.0	188 4.5	285 6.8	4,177 100.0%

*Table 5 Analysis according to whether registered under Disabled Persons (Employment) Acts*

<i>Regions</i>	<i>Yes</i>	<i>No</i>	<i>Total</i>
<b>London and South Eastern</b>	355 62.5	213 37.5	568 100.0%
<b>Eastern and Southern</b>	247 70.6	103 29.4	350 100.0%
<b>South Western</b>	185 81.9	41 18.1	226 100.0%
<b>Midlands</b>	448 73.8	159 26.2	607 100.0%
<b>Yorkshire and Humberside</b>	432 76.6	132 23.4	564 100.0%
<b>North Western</b>	464 85.0	82 15.0	546 100.0%
<b>Northern</b>	325 74.4	112 25.6	437 100.0%
<b>Wales</b>	249 68.2	116 31.8	365 100.0%
<b>Scotland</b>	409 79.6	105 20.4	514 100.0%
<b>All Regions (Total)</b>	3,114 74.6	1,063 25.4	4,177 100.0%

*Table 6 Analysis of RDPs according to whether doubt about satisfaction of registration conditions*

<i>Regions</i>	<i>Yes</i>	<i>No</i>	<i>Total</i>
<b>London and South Eastern</b>	41 11.5	314 88.5	355 100.0%
<b>Eastern and Southern</b>	17 6.9	230 93.1	247 100.0%
<b>South Western</b>	5 2.7	180 97.3	185 100.0%
<b>Midlands</b>	34 7.6	414 92.4	448 100.0%
<b>Yorkshire and Humberside</b>	25 5.8	407 94.2	432 100.0%
<b>North Western</b>	35 7.5	429 92.5	464 100.0%
<b>Northern</b>	23 7.1	302 92.9	325 100.0%
<b>Wales</b>	23 9.2	226 90.8	249 100.0%
<b>Scotland</b>	20 4.9	389 95.1	409 100.0%
<b>All Regions (Total)</b>	223 7.2	2,891 92.8	3,114 100.0%



Table 7 Analysis of cases of doubt about satisfaction of registration conditions

<i>Regions</i>	<i>Doubt whether reasonable prospect of employment</i>	<i>Other doubts</i>	<i>Total</i>
London and South Eastern	31	10	41
Eastern and Southern	13	4	17
South Western	4	1	5
Midlands	29	5	34
Yorkshire and Humberside	20	5	25
North Western	28	7	35
Northern	16	7	23
Wales	15	8	23
Scotland	16	4	20
All Regions (Total)	172 77.1	51 22.9	223 100.0%

Table 8 Analysis of cases of doubt about reasonable prospect of employment according to whether reference to a panel was under consideration

<i>Regions</i>	<i>Yes</i>	<i>No</i>	<i>Total</i>
London and South Eastern	13	18	31
Eastern and Southern	6	7	13
South Western	1	3	4
Midlands	12	17	29
Yorkshire and Humberside	6	14	20
North Western	10	18	28
Northern	8	8	16
Wales	3	12	15
Scotland	7	9	16
All Regions (Total)	66 38.4	106 61.6	172 100.0%

*Table 9 Analysis according to whether reasonable prospect of employment in travel-to-work area*

<i>Regions</i>	<i>Yes</i>	<i>No</i>	<i>Total</i>
<b>London and South Eastern</b>	378 66.5	190 33.5	568 100.0%
<b>Eastern and Southern</b>	221 63.1	129 36.9	350 100.0%
<b>South Western</b>	131 58.0	95 42.0	226 100.0%
<b>Midlands</b>	370 61.0	237 39.0	607 100.0%
<b>Yorkshire and Humberside</b>	383 67.9	181 32.1	564 100.0%
<b>North Western</b>	381 69.8	165 30.2	546 100.0%
<b>Northern</b>	244 55.8	193 44.2	437 100.0%
<b>Wales</b>	210 57.5	155 42.5	365 100.0%
<b>Scotland</b>	368 71.6	146 28.4	514 100.0%
<b>All Regions (Total)</b>	2,686 64.3	1,491 35.7	4,177 100.0%

*Table 10 Analysis of unregistered DPs according to whether registrable*

<i>Regions</i>	<i>Yes</i>	<i>No</i>	<i>Total</i>
<b>London and South Eastern</b>	148 69.5	65 30.5	213 100.0%
<b>Eastern and Southern</b>	75 72.8	28 27.2	103 100.0%
<b>South Western</b>	37 90.2	4 9.8	41 100.0%
<b>Midlands</b>	113 71.1	46 28.9	159 100.0%
<b>Yorkshire and Humberside</b>	88 66.7	44 33.3	132 100.0%
<b>North Western</b>	68 82.9	14 17.1	82 100.0%
<b>Northern</b>	90 80.4	22 19.6	112 100.0%
<b>Wales</b>	85 73.3	31 26.7	116 100.0%
<b>Scotland</b>	80 76.2	25 23.8	105 100.0%
<b>All Regions (Total)</b>	784 73.8	279 26.2	1,063 100.0%

Table 11 Analysis of unregistered but registrable DPs according to reason for non registration

<i>Regions</i>	<i>Does not wish to be registered</i>	<i>Medical advice against registration</i>	<i>Medical evidence not yet available</i>	<i>Other reasons</i>	<i>Total</i>
London and South Eastern	62	12	20	54	148
Eastern and Southern	37	10	7	21	75
South Western	25	4	—	8	37
Midlands	56	10	14	33	113
Yorkshire and Humberside	46	4	9	29	88
North Western	41	3	9	15	68
Northern	63	5	3	19	90
Wales	64	4	6	11	85
Scotland	51	3	7	19	80
All Regions (Total)	445 56.8	55 7.0	75 9.6	209 26.6	784 100.0%

Table 12 Analysis of non-registrable DPs according to main reason why not registrable

<i>Regions</i>	<i>No reasonable prospect of work</i>	<i>Disablement unlikely to continue for one year or more</i>	<i>Other reasons</i>	<i>Total</i>
London and South Eastern	30	11	24	65
Eastern and Southern	9	5	14	28
South Western	—	1	3	4
Midlands	15	7	24	46
Yorkshire and Humberside	20	7	17	44
North Western	4	3	7	14
Northern	8	5	9	22
Wales	22	2	7	31
Scotland	15	3	7	25
All Regions (Total)	123 44.1	44 15.8	112 40.1	279 100.0%



Table 13 Analysis by classification

<i>Regions</i>	<i>Section I</i>	<i>Section II</i>	<i>Unregistered and unclassified</i>	<i>Total</i>
<b>London and South Eastern</b>	472 83.1	67 11.8	29 5.1	568 100.0%
<b>Eastern and Southern</b>	288 82.2	38 10.9	24 6.9	350 100.0%
<b>South Western</b>	174 77.0	47 20.8	5 2.2	226 100.0%
<b>Midlands</b>	513 84.5	74 12.2	20 3.3	607 100.0%
<b>Yorkshire and Humberside</b>	495 87.8	49 8.7	20 3.5	564 100.0%
<b>North Western</b>	463 84.8	67 12.8	16 2.9	546 100.0%
<b>Northern</b>	351 80.3	67 15.3	19 4.4	437 100.0%
<b>Wales</b>	266 72.9	85 23.3	14 3.8	365 100.0%
<b>Scotland</b>	433 84.3	49 9.5	32 6.2	514 100.0%
<b>All Regions (Total)</b>	3,455 82.7	543 13.0	179 4.3	4,177 100.0%

Table 14 Analysis of Section II cases according to whether willing to accept sheltered employment

<i>Regions</i>	<i>Yes</i>	<i>No</i>	<i>Total</i>
<b>London and South Eastern</b>	32	35	67
<b>Eastern and Southern</b>	19	19	38
<b>South Western</b>	30	17	47
<b>Midlands</b>	46	28	74
<b>Yorkshire and Humberside</b>	34	15	49
<b>North Western</b>	41	26	67
<b>Northern</b>	37	30	67
<b>Wales</b>	61	24	85
<b>Scotland</b>	29	20	49
<b>All Regions (Total)</b>	329 60.6	214 39.4	543 100.0%

*Table 15 Analysis of Section II cases who were willing to accept sheltered employment according to whether financial inducement was insufficient*

<i>Region</i>	<i>Yes</i>	<i>No</i>	<i>Total</i>
London and South Eastern	11	24	35
Eastern and Southern	—	19	19
South Western	4	13	17
Midlands	7	22	29
Yorkshire and Humberside	5	10	15
North Western	4	22	26
Northern	9	20	29
Wales	12	12	24
Scotland	3	17	20
All Regions (Total)	55 25·7	159 74·3	214 100·0%

Table 16 Analysis by main disability

MEDICAL CODE LETTER*																																								
Region	A	B	C	D	E	F	H	I	J	K1A	K1B	K2	L	M1	M2	N	O	P	Q1	Q2	R	S	T1	T2	U1	U2	U3	V1	V2	X	Y	Z	Total							
London and South Eastern	4	1	5	1	2	20	19	7	68				62	8	5	6	5	7	11	8	7	40	19	6	47	47	62	18	30	19	15	2	17	568						
Eastern and Southern	3		5		12	14	2	39				37	6	1		3	4	10	2	3	24	15	3	54	27	19	15	12	11	8		21	350							
South Western	3	1			8	13	1	30			1	21	2	1	1	3	3	3	6	20	9	2	32	12	13	6	13	7	4	2	9	226								
Midlands	3	7	1		28	24	3	57	6	2	92		9	5		8	8	27	7	12	58	28	4	47	45	23	24	32	12	12	1	22	607							
Yorkshire and Humber/side	4	5	2	1	26	26	8	69	2	1	76	7	1	2	13	2	19	4	9	35	31	1	55	58	22	21	24	11	7	1	21	564								
North Western	6	2		28	28			54	1		70	7	5	3	10	6	16	4	20	47	29	3	38	53	22	25	22	16	12	3	16		546							
Northern	4	4	2	18	20	2	50	7	2	55	7	2	55	7	2	3	8	3	11	8	9	40	26	4	52	19	16	17	11	13	5	2	17	437						
Wales	6	1	5	1	17	22	2	25	21	48	1	2	4	5	9	5	14	19	28	2	31	27	18	10	7	3	13				11	365								
Scotland	6		9		25	35	9	58			51	11	7	4	12	9	27	5	7	41	29	6	38	34	13	19	10	13	13	3	20		514							
Total	39	2	43	7	3	182	201	34	450	37	6	512	65	28	21	63	47	133	46	87	324	214	31	394	322	208	155	161	105	89	14	154	4,177							
Percentage	0.9	0.1	1.0	0.1	0.1	4.4	4.8	0.8	10.8	0.9	0.1	12.3	1.6	0.7	0.5	1.5	1.1	3.2	1.1	2.1	7.8	5.1	0.7	9.4	7.7	5.0	3.7	3.9	2.5	2.1	0.3	3.7	100.0							
*ANNEX	Diseases of the Respiratory System Other than Tuberculosis (K1A, K1B, K2)										Diseases, Injuries and Deformities of the Lower Limb (except those specifically covered by other Code Letters) (R)										Injuries, Diseases and Deformities of the Spine (except those specifically covered by other Code Letters) (T1 & T2)																			
group	Diseases of the Skin and Cellular Tissue (L)										Diseases, Injuries and Deformities of the Upper Limb (except those specifically covered by other Code Letters) (S)										Mental Disorders (U1, U2 & U3)																			
Amputation (A to E)	2.2										13.3										7.8										10.1									
Arthritis & Rheumatism (F)	4.4										1.6																				Organic Nervous Diseases (V1 & V2)									
Diseases of the Digestive System (H)	4.8										2.7										5.1										Tuberculosis (Pulmonary) (X)									
Diseases of the Genito-Urinary Systems (I)	0.8										4.3																				Tuberculosis (Non-pulmonary) (Y)									
Diseases of the Heart and Circulatory System (J)	10.8										3.2																				Others (Z)									
																															Total = 100%									



Table 17 Analysis according to whether in receipt of either an industrial disablement pension or a war disablement pension

Regions	Yes	No	Total
London and South Eastern	36 6.3	532 93.7	568 100.0%
Eastern and Southern	25 7.1	325 92.9	350 100.0%
South Western	20 8.8	206 91.2	226 100.0%
Midlands	49 8.1	558 91.9	607 100.0%
Yorkshire and Humberside	44 7.8	520 92.2	564 100.0%
North Western	60 11.0	486 89.0	546 100.0%
Northern	50 11.4	387 88.6	437 100.0%
Wales	42 11.5	323 88.5	365 100.0%
Scotland	44 8.6	470 91.4	514 100.0%
All Regions (Total)	370 8.9	3,807 91.1	4,177 100.0%

Table 18 Analysis of pensioners according to medical assessment of percentage loss of function

Regions	100%	90%	80%	70%	60%	50%	40%	30%	20%	Total
London and South Eastern	1		1		2	4	6	8	14	36
Eastern and Southern	1				1	6	3	6	8	25
South Western				1	1	1		7	10	20
Midlands			1	1	3		7	12	25	49
Yorkshire and Humberside	2	1	1	2	1	2	6	9	20	44
North Western	2	1			4	4	8	13	28	60
Northern	2		1	2	2	5	3	12	23	50
Wales	1		1		2	2	4	5	27	42
Scotland	1	1	1	2	4	4	3	11	17	44
All Regions (Total)	10 2.7	3 0.8	6 1.6	8 2.2	20 5.4	28 7.6	40 10.8	83 22.4	172 46.5	370 100.0%

Table 19 Analysis according to whether there was medical evidence of a secondary disability

<i>Regions</i>	<i>Yes</i>	<i>No</i>	<i>Total</i>
<b>London and South Eastern</b>	208 36.6	360 63.4	568 100.0%
<b>Eastern and Southern</b>	119 34.0	231 66.0	350 100.0
<b>South Western</b>	70 31.0	156 69.0	226 100.0%
<b>Midlands</b>	245 40.4	362 59.6	607 100.0%
<b>Yorkshire and Humberside</b>	268 47.5	296 52.5	564 100.0%
<b>North Western</b>	231 42.3	315 57.7	546 100.0%
<b>Northern</b>	197 45.1	240 54.9	437 100.0%
<b>Wales</b>	141 38.6	224 61.4	365 100.0%
<b>Scotland</b>	198 38.5	316 61.5	514 100.0%
<b>All Regions (Total)</b>	1,677 40.2	2,498 59.8	4,177 100.0%

Table 20 Analysis of incidence of other disadvantages

*Note*

In some cases disabled persons had several disadvantages and have therefore been counted under more than one of the column headings.

<i>Regions</i>	<i>Disrupted education</i>	<i>Poor motiva- tion</i>	<i>Personality or emotional difficulties</i>	<i>Recurrent sickness</i>	<i>Domestic troubles</i>	<i>Other difficulties</i>	<i>None</i>	<i>No. of DPs in the sample</i>
<b>London and South Eastern</b>	22	131	193	94	44	123	168	568
<b>Eastern and Southern</b>	12	70	98	50	22	92	114	350
<b>South Western</b>	10	63	73	37	21	50	65	226
<b>Midlands</b>	35	168	178	93	41	126	186	607
<b>Yorkshire and Humberside</b>	49	169	177	105	40	112	149	564
<b>North Western</b>	27	172	164	109	50	138	131	546
<b>Northern</b>	22	137	94	55	19	89	151	437
<b>Wales</b>	13	120	91	59	30	92	95	365
<b>Scotland</b>	22	143	133	95	50	151	146	514
<b>All Regions (Total)</b>	212 5.1	1,173 28.1	1,201 28.8	697 16.7	317 7.6	973 23.3	1,205 28.8	4,177 —

*Table 21 Analysis according to whether any restriction on travel in travel-to-work area imposed by disability*

<i>Regions</i>	<i>Yes</i>	<i>No</i>	<i>Total</i>
<b>London and South Eastern</b>	149 26.2	419 73.8	568 100.0%
<b>Eastern and Southern</b>	74 21.1	276 78.9	350 100.0%
<b>South Western</b>	53 23.5	173 76.5	226 100.0%
<b>Midlands</b>	113 18.6	494 81.4	607 100.0%
<b>Yorkshire and Humberside</b>	101 17.9	463 82.1	564 100.0%
<b>North Western</b>	129 23.6	417 76.4	546 100.0%
<b>Northern</b>	97 22.2	340 77.8	437 100.0%
<b>Wales</b>	67 18.4	298 81.6	365 100.0%
<b>Scotland</b>	68 13.2	446 86.8	514 100.0%
<b>All Regions (Total)</b>	851 20.4	3,326 79.6	4,177 100.0%

*Table 22 Analysis according to whether willing to move home out of the travel-to-work area*

<i>Regions</i>	<i>Yes</i>	<i>No</i>	<i>Total</i>
<b>London and South Eastern</b>	35 6.2	533 93.8	568 100.0%
<b>Eastern and Southern</b>	23 6.6	327 93.4	350 100.0%
<b>South Western</b>	10 4.4	216 95.6	226 100.0%
<b>Midlands</b>	40 6.6	567 93.4	607 100.0%
<b>Yorkshire and Humberside</b>	27 4.8	537 95.2	564 100.0%
<b>North Western</b>	22 4.0	524 96.0	546 100.0%
<b>Northern</b>	14 3.2	423 96.8	437 100.0%
<b>Wales</b>	19 5.2	346 94.8	365 100.0%
<b>Scotland</b>	27 5.3	487 94.7	514 100.0%
<b>All Regions (Total)</b>	217 5.2	3,960 94.8	4,177 100.0%



Table 23 Analysis of cases willing to move home according to whether able to move home

Regions	Yes	No	Total
London and South Eastern	24	11	35
Eastern and Southern	10	13	23
South Western	4	6	10
Midlands	27	13	40
Yorkshire and Humberside	16	11	27
North Western	16	6	22
Northern	10	4	14
Wales	7	12	19
Scotland	22	5	27
All Regions (Total)	136 62.7	81 37.3	217 100.0%

Table 24 Analysis of cases unable to move home according to whether there was an accommodation problem

Regions	Accommodation problem arising from disability	Other accommodation problem	No problem	Total
London and South Eastern	—	8	3	11
Eastern and Southern	2	11	—	13
South Western	—	6	—	6
Midlands	—	11	2	13
Yorkshire and Humberside	2	7	2	11
North Western	—	6	—	6
Northern	1	3	—	4
Wales	2	8	2	12
Scotland	—	5	—	5
All Regions (Total)	7 8.6	65 80.3	9 11.1	81 100.0%

Table 25 Analysis by duration of unemployment

Regions	Up to 6 weeks	7-13 weeks	14-26 weeks	27-52 weeks	53 weeks and over	Total
London and South Eastern	107 18.8	79 13.9	106 18.7	94 16.5	182 32.1	568 100.0%
Eastern and Southern	55 15.7	50 14.3	42 12.0	65 18.6	138 39.4	350 100.0%
South Western	28 12.4	38 16.8	31 13.7	25 11.1	104 46.0	226 100.0%
Midlands	68 11.2	79 13.0	65 10.7	102 16.8	293 48.3	607 100.0%
Yorkshire and Humberside	53 9.4	52 9.2	80 14.2	90 16.0	289 51.2	564 100.0%
North Western	54 9.9	61 11.2	76 13.9	93 17.0	262 48.0	546 100.0%
Northern	30 6.9	29 6.6	30 6.9	71 16.2	277 63.4	437 100.0%
Wales	24 6.6	35 9.6	41 11.2	58 15.9	207 56.7	365 100.0%
Scotland	63 12.3	36 7.0	68 13.2	74 14.4	273 53.1	514 100.0%
All Regions (Total)	482 11.5	459 11.0	539 12.9	672 16.1	2,025 48.5	4,177 100.0%

Table 26 Analysis according to whether attended or awaiting rehabilitation course

Regions	Yes	No	Total
London and Southern	76 13.4	492 86.6	568 100.0%
Eastern and Southern	35 10.0	315 90.0	350 100.0%
South Western	30 13.3	196 86.7	226 100.0%
Midlands	102 16.8	505 83.2	607 100.0%
Yorkshire and Humberside	120 21.3	444 78.7	564 100.0%
North Western	68 12.5	478 87.5	546 100.0%
Northern	65 14.9	372 85.1	437 100.0%
Wales	56 15.3	309 84.7	365 100.0%
Scotland	116 22.6	398 77.4	514 100.0%
All Regions (Total)	668 16.0	3,509 84.0	4,117 100.0%

Table 27 Analysis of cases where rehabilitation course not attended or awaited according to whether eligible for such a course

Regions	Yes	No (no reasonable prospect of employment in travel-to-work area)	No (other Reasons)	Total
London and South Eastern	99 20.0	88 17.9	305 62.0	492 100.0%
Eastern and Southern	64 20.3	52 16.5	199 63.2	315 100.0%
South Western	49 25.0	44 22.4	103 52.6	196 100.0%
Midlands	135 26.7	146 28.9	224 44.4	505 100.0%
Yorkshire and Humberside	109 24.5	91 20.5	244 55.0	444 100.0%
North Western	131 27.4	72 15.1	275 57.5	478 100.0%
Northern	128 34.4	88 23.7	156 41.9	372 100.0%
Wales	95 30.7	80 25.9	134 43.4	309 100.0%
Scotland	140 35.2	75 18.8	183 46.0	398 100.0%
All Regions (Total)	950 27.0	736 21.0	1,823 52.0	3,509 100.0%

Table 28 Analysis of cases eligible for rehabilitation courses according to whether willing to attend

Regions	Yes	No	Total
London and South Eastern	7 7.1	92 92.9	99 100.0%
Eastern and Southern	10 15.6	54 84.4	64 100.0%
South Western	4 8.2	45 91.8	49 100.0%
Midlands	23 17.0	112 83.0	135 100.0%
Yorkshire and Humberside	7 6.4	102 93.6	109 100.0%
North Western	2 1.5	129 98.5	131 100.0%
Northern	0.16 12.5	112 87.5	128 100.0%
Wales	— —	95 100.0	95 100.0%
Scotland	6 4.3	134 95.7	140 100.0%
All Regions (Total)	75 7.9	875 92.1	950 100.0%



Table 29 Analysis according to whether attended or waiting to attend a vocational or progression training course

Regions	Yes	No	Total
London and South Eastern	34 6.0	534 94.0	568 100.0%
Eastern and Southern	19 5.4	331 94.6	350 100.0%
South Western	12 5.3	214 94.7	226 100.0%
Midlands	19 3.1	588 96.9	607 100.0%
Yorkshire and Humberside	16 2.8	548 97.2	564 100.0%
North Western	14 2.6	532 97.4	546 100.0%
Northern	16 3.7	421 96.3	437 100.0%
Wales	17 4.7	348 95.3	365 100.0%
Scotland	25 4.9	489 95.1	514 100.0%
All Regions (Total)	172 4.1	4,005 95.9	4,117 100.0%

Table 30 Analysis of cases other than those who had attended or were waiting to attend a training course according to training potential

Regions	Above that of apprenticeship level trade (1)	Apprentice-able trade level (2)	Below apprenticeship level trade level (3)	Not capable of training as in cols. (1) (2) or (3) (4)	Training potential not assessable (5)	Total
London and South Eastern	11 2.1	26 4.8	35 6.6	332 62.2	130 24.3	534 100.0%
Eastern and Southern	2 0.6	19 5.7	26 7.9	205 61.9	79 23.9	331 100.0%
South Western	2 0.9	4 1.9	16 7.5	116 54.2	76 35.5	214 100.0%
Midlands	9 1.5	18 3.1	43 7.3	410 69.7	108 18.4	588 100.0%
Yorkshire and Humberside	3 0.5	18 3.3	26 4.7	435 79.4	66 12.1	548 100.0%
North Western	7 1.3	23 4.3	32 6.0	369 69.4	101 19.0	532 100.0%
Northern	4 1.0	18 4.3	39 9.2	286 67.9	74 17.6	421 100.0%
Wales	4 1.2	14 4.0	29 8.3	235 67.5	66 19.0	348 100.0%
Scotland	3 0.6	31 6.3	52 10.6	285 58.3	118 24.2	489 100.0%
All Regions (Total)	45 1.1	171 4.3	298 7.4	2,673 66.8	818 20.4	4,005 100.0%

*Table 31 Analysis of cases with training potential according to whether willing to undertake training*

<i>Regions</i>	<i>Yes</i>	<i>No</i>	<i>Total</i>
<b>London and South Eastern</b>	15	57	72
<b>Eastern and Southern</b>	20	27	47
<b>South Western</b>	7	15	22
<b>Midlands</b>	23	47	70
<b>Yorkshire and Humberside</b>	10	37	47
<b>North Western</b>	11	51	62
<b>Northern</b>	11	50	61
<b>Wales</b>	5	42	47
<b>Scotland</b>	15	71	86
<b>All Regions (Total)</b>	117 22.8	397 77.2	514 100.0%

*Table 32 Analysis by registered occupation*

<i>Region</i>	<i>Clerical or commercial</i>	<i>Skilled or semi-skilled manual</i>	<i>Unskilled manual – light</i>	<i>Unskilled manual – heavy</i>	<i>Other</i>	<i>Total</i>
<b>London and South Eastern</b>	85 15.0	84 14.8	349 61.4	23 4.0	27 4.8	568 100.0%
<b>Eastern and Southern</b>	49 14.0	33 9.4	224 64.0	16 4.6	28 8.0	350 100.0%
<b>South Western</b>	28 12.4	11 4.9	156 69.0	15 6.6	16 7.1	226 100.0%
<b>Midlands</b>	44 7.3	56 9.2	436 71.8	25 4.1	46 7.6	607 100.0%
<b>Yorkshire and Humberside</b>	36 6.4	40 7.1	410 72.7	51 9.0	27 4.8	564 100.0%
<b>North Western</b>	41 7.5	34 6.2	394 72.2	42 7.7	35 6.4	546 100.0%
<b>Northern</b>	26 5.9	30 6.9	332 73.7	28 6.4	31 7.1	437 100.0%
<b>Wales</b>	28 7.7	26 7.1	275 75.3	19 5.2	17 4.7	365 100.0%
<b>Scotland</b>	33 6.4	69 13.4	330 64.3	29 5.6	53 10.3	514 100.0%
<b>All Regions (Total)</b>	370 8.9	383 9.2	2,896 69.3	248 5.9	280 6.7	4,177 100.0%

Table 33 Analysis of cases willing to accept sheltered employment according to whether submitted to sheltered workshop

Regions	Yes	No	Total
London and South Eastern	9	23	32
Eastern and Southern	4	15	19
South Western	14	16	30
Midlands	10	36	46
Yorkshire and Humberside	6	28	34
North Western	13	28	41
Northern	14	23	37
Wales	9	52	61
Scotland	9	20	29
All Regions (Total)	88 26.7	241 73.3	329 100.0%

Table 34 Analysis of cases not submitted to sheltered workshops according to reasons why not submitted

Regions	No workshop for which eligible in travel-to-work area	Not suitable for work available in workshop in travel-to-work area	No suitable vacancies in last two years	Total
London and South Eastern	16	5	2	23
Eastern and Southern	8	2	5	15
South Western	7	5	4	16
Midlands	17	10	9	36
Yorkshire and Humberside	3	12	13	28
North Western	2	15	11	28
Northern	3	14	6	23
Wales	15	21	16	52
Scotland	8	11	1	20
All Regions (Total)	79 32.8	95 39.4	67 27.8	241 100.0%



Table 35 Analysis of cases submitted to sheltered workshops

<i>Regions</i>	<i>Accepted, not yet started, or started but subsequently terminated</i>	<i>Rejected as unsuitable for work available in workshops</i>	<i>Rejected for particular vacancies to which submitted</i>	<i>Result of submission awaited</i>	<i>Total</i>
London and South Eastern	4	2	—	3	9
Eastern and Southern	3	—	—	1	4
South Western	1	4	3	6	14
Midlands	1	—	8	1	10
Yorkshire and Humberside	3	2	1	—	6
North Western	3	6	3	1	13
Northern	2	3	2	7	14
Wales	3	1	3	2	9
Scotland	3	4	—	2	9
All Regions (Total)	23 26·1	22 25·0	20 22·8	23 26·1	88 100·0%

Table 36 Analysis by age group of persons unemployed for over 52 weeks

Region	18-39			40-49			50-54			55-59			60 and over		
	A	B	A/B%	A	B	A/B%	A	B	A/B%	A	B	A/B%	A	B	A/B%
London and South Eastern	21	137	15.3	36	133	27.1	30	83	36.1	42	88	47.7	53	127	41.7
Eastern and Southern	25	90	27.8	21	66	31.8	20	43	46.5	34	67	50.7	38	84	42.2
South Western	19	56	33.9	22	58	37.9	18	30	60.0	24	44	54.5	21	38	55.3
Midlands	55	157	35.0	52	117	44.4	43	76	56.6	56	110	50.9	87	147	59.2
Yorkshire and Humberside	50	119	42.0	77	155	49.7	48	94	51.1	54	97	55.7	60	99	60.6
North Western	41	119	34.5	65	143	45.5	39	76	51.3	57	101	56.4	60	107	56.1
Northern	53	93	57.0	52	94	55.3	40	72	55.6	63	90	70.0	69	88	78.4
Wales	33	83	39.8	44	83	53.0	30	45	66.7	51	79	64.6	49	75	65.3
Scotland	50	121	41.3	66	135	48.9	43	76	56.6	62	100	62.0	52	82	63.4
Great Britain	347	975	35.6	435	984	44.2	311	595	52.3	443	776	57.1	489	847	57.7

## Key

A=No. of persons in the age group unemployed for over 52 weeks

B=Total of persons in the age group

Table 37 Comparison of Section I and Section II Analysis by disability group

	<i>Section II cases as percentage of all cases in disability group</i>	<i>Section I</i>	<i>Section II</i>
	%		
Amputation (A to E)	13	2.3	2.2
Arthritis and Rheumatism (F)	11	4.5	3.7
Diseases of the Digestive System (H)	5	5.2	1.8
Diseases of the Genito-Urinary Systems (I)	3	0.9	0.2
Diseases of the Heart and Circulatory System (J)	11	11.3	8.5
Diseases of the Respiratory System other than Tuberculosis (K1A, K1B, K2)	11	13.6	11.0
Diseases of the Skin and Cellular Tissue (L)	3	1.6	0.4
Ear Defects (M1, M, N)	8	2.8	1.5
Eye Defects (O, P)	34	3.4	10.9
Injuries of the Head, Face, Neck, Thorax, Abdomen, Pelvis, Trunk (Q1, Q2)	12	3.3	3.0
Diseases, Injuries and Deformities of the Lower Limb (except those specifically covered by other Code Letters) (R)	8	8.4	4.6
Diseases, Injuries and Deformities of the Upper Limb (except those specifically covered by other Code Letters) (S)	11	5.3	4.1
Injuries, Diseases and Deformities of the Spine (except those specifically covered by other Code Letters (T1 and T2)	10	10.8	7.8
Mental Disorders (U1, U2 and U3)	18	15.5	21.1
Organic Nervous Diseases (V1 and V2)	31	5.0	14.3
Tuberculosis (Pulmonary (X) )	12	2.2	1.8
Tuberculosis (Non-pulmonary (Y) )	33	0.2	0.7
Others (Z)	10	3.7	2.6
		100.0	100.0



AGE GROUPS																			
18-39				40-49				50-54				55-59				60 and over			
Regions	Reg	Unreg	Total	Reg	Unreg	Total	Reg	Unreg	Total	Reg	Unreg	Total	Reg	Unreg	Total				
London and South Eastern	77	60	137	82	51	133	57	26	83	57	31	88	82	45	127				
	56.2	43.8	100.0	61.7	38.3	100.0	68.7	31.3	100.0	64.8	35.2	100.0	64.6	35.4	100.0				
Eastern and Southern	62	28	90	50	16	66	31	12	43	45	22	67	59	25	84				
	68.9	31.1	100.0	75.8	24.2	100.0	72.1	27.9	100.0	67.2	32.8	100.0	70.2	29.8	100.0				
South Western	46	10	56	44	14	58	25	5	30	38	6	44	32	6	38				
	82.1	17.9	100.0	75.9	24.1	100.0	83.3	16.7	100.0	86.4	13.6	100.0	84.2	15.8	100.0				
Midlands	103	54	157	87	30	117	61	15	76	87	23	110	110	37	147				
	65.6	34.4	100.0	74.4	25.6	100.0	80.3	19.7	100.0	79.1	20.9	100.0	74.8	25.2	100.0				
Yorkshire and Humberside	87	32	119	120	35	155	70	24	94	73	24	97	82	17	99				
	73.1	26.9	100.0	77.4	22.6	100.0	74.5	25.5	100.0	75.3	24.7	100.0	82.8	17.2	100.0				
North Western	102	17	119	115	28	143	64	12	76	93	8	101	90	17	107				
	85.7	14.3	100.0	80.4	19.6	100.0	84.2	15.8	100.0	92.1	7.9	100.0	84.1	15.9	100.0				
Northern	61	31	92	68	27	95	60	12	72	69	21	90	67	21	88				
	66.3	33.7	100.0	71.6	28.4	100.0	83.3	16.7	100.0	76.7	23.3	100.0	76.1	23.9	100.0				
Wales	46	37	83	60	23	83	37	8	45	78.5	17	79	44	31	75				
	55.4	44.6	100.0	72.3	27.7	100.0	82.2	17.8	100.0		21.5	100.0	58.7	41.3	100.0				
Scotland	104	17	121	106	29	135	61	15	76	77	23	100	61	21	82				
	86.0	14.0	100.0	78.5	21.5	100.0	80.3	19.7	100.0	77.0	23.0	100.0	74.4	25.6	100.0				
Great Britain	688	286	974	732	253	985	466	129	595	601	175	776	627	220	847				
	- 70.6	29.4	100.0	74.3	25.7	100.0	78.3	21.7	100.0	77.4	22.6	100.0	74.0	26.0	100.0				

Table 39 Incidence of registration by duration of unemployment

DURATION OF UNEMPLOYMENT															
Regions	Up to 6 weeks			7-13 weeks			14-26 weeks			27-52 weeks			53 weeks and over		
	Reg	Unreg	Total	Reg	Unreg	Total	Reg	Unreg	Total	Reg	Unreg	Total	Reg	Unreg	Total
London and South Eastern	62	45	107	50	29	79	71	35	106	58	36	94	114	68	182
	57.9	42.1	100.0	63.3	36.7	100.0	66.9	33.1	100.0	61.7	38.3	100.0	62.7	37.3	100.0
Eastern and Southern	35	20	55	28	22	50	32	10	42	45	20	65	107	31	138
	63.6	36.4	100.0	56.0	44.0	100.0	76.2	23.8	100.0	69.2	30.8	100.0	77.5	22.5	100.0
South Western	25	3	28	28	10	38	24	7	31	22	3	25	86	18	104
	89.3	10.7	100.0	73.7	26.3	100.0	77.4	22.6	100.0	88.0	12.0	100.0	82.7	17.3	100.0
Midlands	44	24	68	58	21	79	45	20	65	70	32	102	231	62	293
	64.7	35.3	100.0	73.4	26.6	100.0	69.2	30.8	100.0	68.6	31.4	100.0	78.8	21.2	100.0
Yorkshire and Humberside	34	19	53	33	19	52	63	17	80	72	18	90	230	59	289
	64.2	35.8	100.0	63.5	36.5	100.0	78.8	21.2	100.0	80.0	20.0	100.0	79.6	20.4	100.0
North Western	47	7	54	43	18	61	66	10	76	85	8	93	223	39	262
	87.0	13.0	100.0	70.5	29.5	100.0	86.9	13.1	100.0	91.4	8.6	100.0	85.1	14.9	100.0
Northern	15	15	30	21	8	29	21	9	30	55	16	71	213	64	277
	50.0	50.0	100.0	72.4	27.6	100.0	70.0	30.0	100.0	77.5	25.5	100.0	76.9	23.1	100.0
Wales	14	10	24	24	11	35	27	14	41	36	22	58	148	59	207
	58.3	41.7	100.0	68.6	31.4	100.0	65.9	34.1	100.0	62.1	37.9	100.0	71.5	28.5	100.0
Scotland	53	10	63	32	4	36	58	10	68	57	17	74	209	64	273
	84.1	15.9	100.0	88.9	11.1	100.0	85.3	14.7	100.0	77.0	23.0	100.0	76.6	23.4	100.0
Great Britain	329	153	482	317	142	459	407	132	539	500	172	672	1,561	464	2,025
	68.3	31.7	100.0	69.1	30.9	100.0	75.5	24.5	100.0	74.4	25.6	100.0	77.1	22.9	100.0

Table 40 Comparison of Registered and Unregistered Persons  
Analysis by disability group

Disability Group	Registered persons as % of all persons in disability group %	DISTRIBUTION BY DISABILITY GROUP			
		All Persons		All persons other than those with mental disorders	
		Registered %	Unregistered %	Registered %	Unregistered %
Amputation (A to E)	86	2.6	1.3	3.0	1.7
Arthritis and rheumatism (F)	81	4.7	3.3	5.4	4.7
Diseases of the digestive system (H)	70	4.8	4.9	5.4	6.9
Diseases of the genito-urinary Systems (I)	71	0.8	0.9	0.9	1.3
Diseases of the heart and circulatory system (J)	80	11.6	8.5	13.2	12.0
Diseases of the respiratory system other than tuberculosis (K1A, K1B, K2)	76	13.5	12.8	15.3	18.0
Diseases of the skin and cellular tissues (L)	66	1.4	2.1	1.6	2.9
Ear defects (M1, M2, N)	76	2.8	2.6	3.1	3.6
Eye defects (O, P)	86	4.9	2.4	5.7	3.3
Injuries of the head, face, neck, thorax, abdomen, pelvis, trunk (Q1, Q2)	81	3.5	2.4	3.9	3.3
Diseases, injuries and deformities of the lower limb (except those specifically covered by other code letters) (R)	77	8.1	6.9	9.2	9.7
Diseases, injuries and deformities of the upper limb (except those specifically covered by other code letters) (S)	79	5.4	4.3	6.1	6.1
Injuries, diseases and deformities of the spine (except those specifically covered by other code letters) (T1 and T2)	82	11.2	7.1	12.8	10.0
Mental disorders (U1, U2 and U3)	54	11.9	29.4	—	—
Organic nervous diseases (V1 and V2)	82	7.0	4.5	7.9	6.4
Tuberculosis (pulmonary) (X)	67	2.2	1.8	2.6	2.5
Tuberculosis (non-pulmonary) (Y)	71	0.3	0.4	0.4	0.5
Others (Z)	66	3.3	4.9	3.7	6.9
		100.0	100.0	100.0	100.0



Table 41 Comparison of Registered and Unregistered Persons  
Analysis of mentally disabled persons

Regions	Registered Persons			Unregistered Persons			Registered and unregistered		
	Mentally Ill (U1 and U2)	Mentally Handicapped (U3)	All (A-Z)	Mentally Ill (U1 and U2)	Mentally Handicapped (U3)	All (A-Z)	All Mentally Disabled (U1, U2, U3)	All (A-Z)	
London and South Eastern	42	8	355	67	10	213	127	568	
	11.9	2.3	100%	31.5	4.7	100%	22.4	100%	
Eastern and Southern	19	8	247	27	7	108	61	350	
	7.7	3.2	100%	25.8	6.8	100%	17.4	100%	
South Western	14	5	185	11	1	41	31	226	
	7.6	2.7	100%	26.8	2.4	100%	13.7	100%	
Midlands	30	12	448	38	12	159	92	607	
	6.7	2.7	100%	24.0	7.5	100%	15.2	100%	
Yorkshire and Humberside	46	16	432	34	5	132	101	564	
	10.6	3.7	100%	25.7	3.8	100%	17.9	100%	
North Western	52	20	464	23	5	82	100	546	
	11.2	4.3	100%	28.1	6.1	100%	18.3	100%	
Northern	15	10	325	19	7	112	51	437	
	4.6	3.1	100%	16.9	6.3	100%	11.7	100%	
Wales	22	6	249	23	4	116	55	365	
	8.8	2.4	100%	19.8	3.4	100%	15.1	100%	
Scotland	34	13	409	13	6	105	66	514	
	8.3	3.2	100%	12.4	5.7	100%	12.8	100%	
All Regions (Total)	274	98	3,114	255	57	1,063	684	4,177	
	8.8	3.1	100%	24.0	5.4	100%	16.4	100%	

Table 42 Analysis by disability group of persons with recurrent sickness

Disability Group		No. of Persons	% of Total	No. in DLF Sample	Col (1) as % of Col (3)
		(1)	(2)	(3)	(4)
A	Amputation – one arm	1	0.1	39	2.6
B	Amputation – both arms	—	—	2	—
C	Amputation – one leg	4	0.6	43	9.3
D	Amputation – both legs	—	—	7	—
E	Amputation – multiple	1	0.1	3	33.3
F	Arthritis and rheumatism	20	2.9	182	11.0
H	Diseases of digestive system	46	6.6	201	22.9
I	Diseases of the genito-urinary systems	8	1.1	34	23.5
J	Diseases of heart, etc.	85	12.2	450	18.9
K1A	Pneumoconiosis – miners	8	1.1	37	21.6
K1B	Pneumoconiosis – others	2	0.3	6	33.3
K2	Bronchitis, etc.	154	22.1	512	30.1
L	Diseases of skin	12	1.7	65	18.5
M1	Deaf without speech	—	—	28	—
M2	Deaf with speech	1	0.1	21	4.8
N	Hard of hearing	7	1.0	63	11.1
O	Blind	4	0.6	47	8.5
P	Other eye defects	16	2.3	133	12.0
Q1	Injuries to head, face, etc.	9	1.3	46	19.6
Q2	Injuries to thorax, abdomen, etc.	14	2.0	87	16.1
R	Diseases, injuries, etc. – lower limb	31	4.4	324	9.6
S	Diseases, injuries, etc. – upper limb	21	3.0	214	9.8
T1	Paraplegia	2	0.3	31	6.5
T2	Curvatures of spine, etc.	53	7.6	394	13.5
U1	Neurosis	45	6.5	322	14.0
U2	Other mental illness	37	5.3	208	17.8
U3	Sub-normality	6	0.9	155	3.9
V1	Epilepsy	43	6.2	161	26.7
V2	Other organic nervous	10	1.4	105	9.5
X	Pulmonary TB	15	2.2	89	16.9
Y	Other TB	2	0.3	14	14.3
Z	Other diseases and injuries	40	5.7	154	26.0
Totals		697	100	4,177	16.7

Table 43 Percentages of people unemployed for more than 52 weeks and less than 52 weeks in the sample with certain characteristics

Characteristics	Unemployed less than 52 weeks No. = 2,152	Unemployed more than 52 weeks No. = 2,025	Total sample No. = 4,177
	%	%	%
1 Age 18-39	29.2	17.1	23.3
40-49	25.5	21.5	23.6
50-59	28.7	37.2	32.8
60 plus	16.6	24.1	20.3
	100.0	100.0	100.0
2 Sex Male	88.6	89.0	88.2
Female	11.4	11.0	11.8
	100.0	100.0	100.0
3 Registered as DP YES	72.2	77.0	74.6
NO	27.8	23.0	25.4
	100.0	100.0	100.0
4 Reasonable prospect of employment in travel-to-work area YES	77.9	49.9	64.3
NO	22.1	50.1	35.7
	100.0	100.0	100.0
5 Section I	88.5	76.5	82.7
Section II	6.8	19.6	13.0
Unclassified and unregistered	4.6	3.9	4.3
	100.0	100.0	100.0
6 Section II, willing to accept sheltered employment YES	60.6	60.6	60.6
NO	39.4	39.4	39.4
(No. = 543)	100.0	100.0	100.0
7 Section II, unwilling to accept sheltered employment because:			
(a) insufficient financial inducement	32.8	23.1	25.7
(b) other reasons	67.2	76.9	74.3
(No. = 214)	100.0	100.0	100.0
8 Those with industrial injury or a war disability pension (No. = 370)	9.3	8.3	8.9
9 ... of which those with 50% or more disablement (No. = 85)	19.4	21.3	20.3
10 Secondary disability	34.5	46.3	40.2
11 Judged to be disadvantaged because of:			
(i) disrupted education	5.3	0.7	3.7
(ii) poor motivation	23.1	15.4	20.3
(iii) personality or emotional difficulties	22.5	17.9	20.8
(iv) recurrent sickness	11.9	12.4	12.1
(v) domestic troubles	4.3	6.3	5.5
(vi) other difficulties	12.5	25.1	16.8
(vii) no social or psychological disadvantage	20.3	22.1	20.9
	100.0	100.0	100.0



Table 43—contd.

Characteristics	Unemployed less than 52 weeks No. = 2,152		Unemployed more than 52 weeks No. = 2,025	Total sample No. = 4,177
	%		%	%
12 Restriction on travel YES	17.1		23.9	20.4
NO	82.9		76.1	79.6
	100.0		100.0	100.0
13 Willing to move home YES	7.0		3.3	5.2
NO	93.0		96.7	94.8
	100.0		100.0	100.0
14 Willing and able to move home	70.0		46.3	62.7
Willing but unable to move home	30.0		53.7	37.3
(No. = 217)	100.0		100.0	100.0
15 Attended an IRU YES	17.0		14.9	16.0
NO	83.0		85.1	84.0
	100.0		100.0	100.0
16 IRU not attended:				
(a) eligible for course	32.0		22.0	27.0
(b) ineligible (no reasonable prospect of employment)	14.6		27.6	21.0
(c) ineligible (other reasons)	53.4		50.4	52.0
(No. = 3,509)	100.0		100.0	100.0
17 Eligible for IRU course and willing to attend	8.9		6.3	7.9
Eligible for IRU course but not willing to attend	91.1		93.7	92.1
(No. = 950)	100.0		100.0	100.0
18 Attended or waiting to attend training course YES	5.1		3.1	4.1
NO	94.9		96.9	95.9
	100.0		100.0	100.0
19 Training potential of those who have not attended nor are waiting to attend a training course:				
(i) above level of apprenticeable trades	1.6		0.6	1.1
(ii) apprenticeable trade level	6.3		2.1	4.3
(iii) below apprenticeable trade level	9.5		5.3	7.4
(iv) not capable of training at these levels	58.4		75.4	66.8
(v) not assessable	24.2		16.5	20.4
(No. = 4,005)	100.0		100.0	100.0
20 Assessed as capable of training; willing to train YES	24.2		19.5	22.8
NO	75.8		80.5	77.2
(No. = 514)	100.0		100.0	100.0
21 Occupation for which registered:				
(i) clerical or commercial	10.8		6.8	8.9
(ii) skilled or semi-skilled manual	13.0		5.1	9.2
(iii) light unskilled manual	62.3		76.8	69.3
(iv) heavy unskilled manual	7.2		4.5	5.9
(v) other	6.7		6.7	6.7
	100.0		100.0	100.0

Table 44 Persons unemployed for up to 13 weeks compared with whole sample

Size of sub-sample: 941

Category	Percentage	
	Persons unemployed for up to 13 weeks	Whole sample
Age group 18-39	35.4	23.3
40-49	24.8	23.6
50-54	14.1	14.2
55-59	13.5	18.6
60 and over	12.2	20.3
Males	87.8	88.8
Females	12.2	11.2
Registered as DP	68.7	74.6
Not registered as DP	31.3	25.4
Reasonable prospects in travel-to-work area	84.1	64.3
No reasonable prospects in travel-to-work area	15.9	35.7
Section I	88.6	82.7
Section II	5.8	13.0
Unregistered and unclassified	5.5	4.3
Section II: willing to accept sheltered employment	56.4	60.6
not willing to accept sheltered employment	43.6	39.4
<i>Section II: unwilling to accept sheltered employment</i>		
Financial inducement was insufficient	33.3	25.7
Others	66.7	74.3
Secondary disability	30.8	40.2
No secondary disability	69.2	59.8
<i>Other disadvantages</i>		
Disrupted education	3.9	5.1
Poor motivation	15.3	28.1
Personal or emotional difficulties	26.6	28.8
Recurrent sickness	14.0	16.7
Domestic troubles	7.5	7.6
Other difficulties	19.4	23.3
None of these disadvantages	40.7	28.8
Note: Categories are not exclusive and percentages do not add up to 100%		
Restriction on travel-to-work area	14.2	20.4
No restriction on travel-to-work area	85.8	79.6
Willing to move home	7.7	7.5
Not willing to move home	92.3	92.5
Willing and able to move home	77.8	62.7
Willing but not able to move home	22.2	37.3
<i>Unwilling to move home</i>		
Accommodation problem arising from disability	35.3	8.6
Other accommodation problems	47.1	80.3
No accommodation problem	17.6	11.1

Table 44—contd.

Category	Percentage		
	Persons unemployed for up to 13 weeks	Whole sample	
Attended IRU	18.4	16.0	
Did not attend IRU	81.6	84.0	
<i>IRU not attended</i>			
Eligible for IRU course	34.3	27.0	
Not eligible for IRU course (no reasonable prospects of employment in travel-to-work area)	10.9	21.0	
Not eligible for IRU course (other reasons)	54.8	52.0	
Eligible for IRU course and willing to attend	9.5	7.9	
Eligible for IRU course but not willing to attend	90.5	92.1	
Attended or waiting to attend training course	5.4	4.1	
Not attended or waiting to attend training course	94.6	95.9	
<i>Not attended or waiting to attend training course</i>			
Training potential	above level of apprenticeable trades	1.9	1.1
	apprenticeable trade level	7.1	4.3
	below apprenticeable trade level	10.8	7.4
	not capable of training at these levels	52.7	66.8
	not assessable	27.5	20.4
Training potential and willing to train	26.1	22.8	
Training potential but not willing to train	73.9	77.2	
Occupation: Clerical or commercial	11.2	8.9	
Skilled or semi-skilled manual	16.2	9.2	
Unskilled manual—light	56.2	69.3	
Unskilled manual—heavy	8.4	5.9	
Other	8.0	6.7	
Willing to accept and submitted to sheltered employment	41.9	26.7	
Willing to accept but not submitted to sheltered employment	58.1	73.3	
<i>Willing to accept but not submitted to sheltered employment</i>			
No workshop for which eligible in travel-to-work area	55.6	32.8	
Not suitable for work available in workshops in travel-to-work area	16.6	39.4	
No suitable vacancies in last 2 years	27.8	27.8	
<i>Submitted to sheltered workshops</i>			
Accepted, not yet started, or started but subsequently terminated	23.1	26.1	
Rejected as unsuitable for work available in workshops	38.4	25.0	
Rejected for particular vacancies to which submitted	23.1	22.8	
Result of submission awaited	15.4	26.1	

Persons unemployed for up to 13 weeks, when compared with the whole sample, had the following main characteristics

Proportionately more were:

under 49; unregistered; persons with reasonable prospects of employment in the travel-to-work

area; Section I; without secondary disability; mobile; persons who had attended or were awaiting attendance at an IRU or a training course; persons with training potential; persons with occupational qualifications.

There were no striking differences within the major disability groups.



Table 44 cont.

*Proportions in Disability Groups*

<i>Disability Group</i>		<i>Percentage</i>	
		<i>Persons unemployed for up to 13 weeks</i>	<i>Whole sample</i>
A	Amputation—one arm	1.2	0.9
B	Amputation—both arms	—	0.1
C	Amputation—one leg	1.2	1.0
D	Amputation—both legs	0.1	0.1
E	Amputation—multiple	—	0.1
F	Arthritis and rheumatism	3.8	4.4
H	Diseases of digestive system	4.4	4.8
I	Diseases of genito-urinary systems	0.7	0.8
J	Diseases of heart, etc.	10.4	10.8
K1A	Pneumoconiosis—miners	0.5	0.9
K1B	Pneumoconiosis—others	0.1	0.1
K2	Bronchitis, etc.	10.7	12.3
L	Diseases of skin	1.3	1.6
M1	Deaf without speech	1.2	0.7
M2	Deaf with speech	0.6	0.5
N	Hard of hearing	1.7	1.5
O	Blind	0.9	1.1
P	Other eye defects	3.1	3.2
Q1	Injuries to head, face, etc.	0.7	1.1
Q2	Injuries to thorax, abdomen, etc.	1.8	2.1
R	Diseases, injuries, etc.—lower limbs	8.4	7.8
S	Diseases, injuries, etc.—upper limbs	5.3	5.1
T1	Paraplegia	1.1	0.7
T2	Curvatures of spine, etc.	10.4	9.4
U1	Neurosis	8.4	7.7
U2	Other mental illness	5.4	5.0
U3	Sub-normality	3.1	3.7
V1	Epilepsy	4.4	3.9
V2	Other organic nervous	2.1	2.5
X	Pulmonary TB	2.2	2.1
Y	Other TB	0.6	0.3
Z	Other diseases and injuries	4.1	3.7

Table 45 Women compared with whole sample

Category	Percentage	
	Women	Whole sample
Age Group 18-39	32.2	23.3
40-49	25.2	23.6
50-54	16.6	14.2
55-59	24.9	18.6
60 and over	1.1	20.3
Married	23.9	60.9
Not married	76.1	39.1
No. of children 0	96.8	74.0
1	1.3	7.7
2	1.3	7.0
3	0.6	4.5
4 and over	—	6.8
Registered as DP	69.9	74.6
Not registered as DP	30.1	25.4
RDPs whose registrability in doubt	10.4	7.2
RDPs whose registrability not in doubt	89.6	92.8
Registrability doubtful because no reasonable prospect of employment	82.4	77.1
Other doubts	17.6	22.9
Panel reference under consideration because of employment prospects	46.4	38.4
Panel reference not under consideration	53.6	61.6
Reasonable prospects in travel-to-work area	66.1	64.3
No reasonable prospects in travel-to-work area	33.9	35.7
Unregistered DPs—registrable	75.9	73.8
Unregistered DPs—unregistrable	24.1	26.2
<i>Unregistered but registrable DPs</i>		
Do not wish to register	51.4	56.8
Medical advice against registration	7.5	7.0
Medical evidence not yet available	12.1	9.6
Other reasons for non-registration	29.0	26.6
<i>Non-registrable DPs</i>		
No reasonable prospect of work	38.2	44.1
Disablement unlikely to continue for one year	17.7	15.8
Other reasons why not registrable	44.1	40.1
Section I	80.6	82.7
Section II	14.1	13.0
Unregistered and unclassified	5.3	4.3

Table 45—contd.

Category	Percentage	
	Women	Whole sample
<i>Section II: unwilling to accept sheltered employment</i>		
Financial inducement was insufficient	4.8	25.7
Others	95.2	74.3
Pensions		
%		
100	20.0	2.7
90	—	0.8
80	—	1.6
70	—	2.2
60	20.0	5.4
50	20.0	7.6
40	—	10.8
30	—	22.4
20	40.0	46.5
Secondary disability	36.9	40.2
No secondary disability	63.1	59.8
<i>Other disadvantages</i>		
Disrupted education	5.5	5.1
Poor motivation	26.7	28.1
Personality or emotional difficulties	39.7	28.8
Recurrent sickness	19.0	16.7
Domestic troubles	11.9	7.6
Other difficulties	22.8	23.3
None of these disadvantages	22.4	28.8
Note: Categories are not exclusive and percentages do not add up to 100%		
Restriction on travel in travel-to-work area	24.1	20.4
No restriction on travel in travel-to-work area	75.9	79.6
Willing to move home	3.3	5.2
Not willing to move home	96.7	94.8
Willing and able to move home	66.7	62.7
Willing but not able to move home	33.3	37.3
<i>Unwilling to move home</i>		
Accommodation problem arising from disability	50.0	8.6
Other accommodation problems	50.0	80.3
No accommodation problem	—	11.1
<i>Duration of unemployment</i>		
Up to 6 weeks	12.2	11.5
7–13 weeks	12.4	11.0
14–26 weeks	11.9	12.9
27–52 weeks	16.0	16.1
53 weeks and over	47.5	48.5
Attended IRU	12.2	16.0
Did not attend IRU	87.8	84.0
<i>IRU not attended</i>		
Eligible for IRU course	27.2	27.0
Not eligible for IRU course (no reasonable prospects of employment in travel-to-work area)	15.3	21.0
Not eligible for IRU course (other reasons)	57.3	52.0



Table 45—contd.

		Percentage	
		Women	Whole sample
Eligible for IRU course and willing to attend		6.3	7.9
Eligible for IRU course but not willing to attend		93.7	92.1
Attended or waiting to attend training course		3.6	4.1
Not attended or waiting to attend training course		96.4	95.9
<i>Not attended or waiting to attend training course</i>			
Training potential	above level of apprenticeable trade	1.5	1.1
	apprenticeable trade level	2.5	4.3
	below apprenticeable trade level	6.0	7.4
	not capable of training at these levels	69.0	66.8
	not assessable	21.0	20.4
Training potential and willing to train		17.8	22.8
Training potential but not willing to train		82.2	77.2
Occupation: Clerical or commercial		20.9	8.9
Skilled or semi-skilled manual		4.7	9.2
Unskilled manual—light		54.8	69.3
Unskilled manual—heavy		1.1	5.9
Other		18.6	6.7
Willing to accept and submitted to sheltered employment		22.2	26.7
Willing to accept but not submitted to sheltered employment		77.8	73.3
<i>Willing to accept but not submitted to sheltered employment</i>			
No workshop for which eligible in travel-to-work area		45.8	32.8
Not suitable for work available in workshops in travel-to-work area		34.2	39.4
No suitable vacancies in last 2 years		20.0	27.8
<i>Submitted to sheltered workshops</i>			
Accepted, not yet started, or started but subsequently terminated		30.0	26.1
Rejected as unsuitable for work available in workshops		10.0	25.0
Rejected for particular vacancies to which submitted		20.0	22.8
Result of submission awaited		40.0	26.1

Women, when compared with the whole sample, had the following main characteristics

Proportionately more were:

in all age groups up to 59; unmarried; without dependent children; unregistered; persons with reasonable prospects of employment in the travel-to-work area; Section II; without secondary

disability; persons with recurrent sickness and domestic troubles; immobile; persons who had not attended or were not waiting to attend an IRU; without training potential; persons with a clerical or commercial background.

The analysis of disability groups showed a substantially higher proportion of mental and organic nervous cases and a substantially lower proportion of digestive and bronchitis cases.

Table 45 cont.

*Proportions in Disability Groups*

<i>Disability Group</i>		<i>Percentage</i>	
		<i>Women</i>	<i>Whole Sample</i>
A	Amputation—one arm	0.9	0.9
B	Amputation—both arms	0.2	0.1
C	Amputation—one leg	0.9	1.0
D	Amputation—both legs	0.2	0.1
E	Amputation—multiple	—	0.1
F	Arthritis and rheumatism	4.1	4.4
H	Diseases of digestive system	1.9	4.8
I	Diseases of genito-urinary systems	0.9	0.8
J	Diseases of heart, etc.	8.5	10.8
K1A	Pneumoconiosis—miners	—	0.9
K1B	Pneumoconiosis—others	0.2	0.1
K2	Bronchitis, etc.	6.0	12.3
L	Diseases of skin	2.6	1.6
M1	Deaf without speech	1.5	0.7
M2	Deaf with speech	0.4	0.5
N	Hard of hearing	1.1	1.5
O	Blind	1.3	1.1
P	Other eye defects	1.9	3.2
Q1	Injuries to head, face, etc.	0.2	1.1
Q2	Injuries to thorax, abdomen, etc.	0.4	2.1
R	Diseases, injuries, etc.—lower limbs	6.8	7.8
S	Diseases, injuries, etc.—upper limbs	5.5	5.1
T1	Paraplegia	0.6	0.7
T2	Curvatures of spine, etc.	7.5	9.4
U1	Neurosis	12.6	7.7
U2	Other mental illness	7.7	5.0
U3	Sub-normality	8.7	3.7
V1	Epilepsy	6.6	3.9
V2	Other organic nervous	3.6	2.5
X	Pulmonary TB	1.5	2.1
Y	Other TB	0.6	0.3
Z	Other diseases and injuries	5.1	3.7

Table 46A *Mentally ill persons compared with whole sample*

Category	Percentage	
	Mentally ill	Whole sample
Age Group 18-39	35.3	23.3
40-49	31.1	23.6
50-54	13.6	14.2
55-59	12.8	18.6
60 and over	7.2	20.3
Males	82.1	88.8
Females	17.9	11.2
Married	42.5	60.9
Not married	57.5	39.1
No. of children 0	76.6	74.0
1	6.2	7.7
2	7.5	7.0
3	3.0	4.5
4 or more	6.6	6.8
Registered as DP	51.7	74.6
Not registered as DP	48.3	25.4
RDPs whose registrability in doubt	5.5	7.2
RDPS whose registrability not in doubt	94.5	92.8
Registrability doubtful because no reasonable prospect of employment	86.6	77.1
Other doubts	13.3	22.9
Panel reference under consideration because of employment prospects	46.2	38.4
Panel reference not under consideration	53.8	61.6
Reasonable prospects in travel-to-work area	67.7	64.3
No reasonable prospects	32.3	35.7
Unregistered DPs—registrable	71.6	73.8
Unregistered DPs—unregistrable	28.4	26.2
<i>Unregistered but registrable DPs</i>		
Do not wish to register	51.1	56.8
Medical advice against registration	20.1	7.0
Medical evidence not yet available	5.4	9.6
Other reasons for non-registration	23.4	26.6
<i>Non-registrable DPs</i>		
No reasonable prospect of work	37.0	44.1
Disablement unlikely to continue for one year	15.1	15.8
Other reasons why not registrable	47.9	40.1
Section I	82.5	82.7
Section II	11.7	13.0
Unregistered and unclassified	5.8	4.3
Section II: willing to accept sheltered employment	58.1	60.6
Section II: not willing to accept sheltered employment	41.9	39.4
<i>Section II: unwilling to accept sheltered employment</i>		
Financial inducement was insufficient	15.4	25.7
Others	84.6	74.3

Table 46A—contd.

Category	Percentage	
	<i>Mentally ill</i>	<i>Whole sample</i>
Receiving war or industrial pension	3.6	8.9
Not receiving war or industrial pension	96.4	91.1
<i>Pensions</i>		
%		
100	5.3	2.7
90	—	0.8
80	5.3	1.6
70	—	2.2
60	—	5.4
50	21.0	7.6
40	—	10.8
30	42.1	22.4
20	26.3	46.5
Secondary disability	31.3	40.2
No secondary disability	68.7	59.8
<i>Other disadvantages</i>		
Disrupted education	6.8	5.1
Poor motivation	22.1	28.1
Personality or emotional difficulties	84.7	28.8
Recurrent sickness	15.5	16.7
Domestic troubles	10.4	7.6
Other difficulties	11.1	23.3
None of these disadvantages	5.7	28.8
Note: Categories are not exclusive and percentages do not add up to 100%		
Restriction on travel in travel-to-work area	11.9	20.4
No restriction on travel in travel-to-work area	88.1	79.6
Willing to move home	7.5	5.2
Not willing to move home	92.5	94.8
Willing and able to move home	65.0	62.7
Willing but not able to move home	35.0	37.3
<i>Unwilling to move home</i>		
Accommodation problem arising from disability	50.0	8.6
Other accommodation problem	42.9	80.3
No accommodation problem	7.1	11.1
<i>Duration of unemployment</i>		
Up to 6 weeks	13.8	11.5
7–13 weeks	10.8	11.0
14–26 weeks	14.9	12.9
27–52 weeks	15.3	16.1
53 weeks and over	45.3	48.5
Attended IRU	25.1	16.0
Did not attend IRU	74.9	84.0
<i>IRU not attended</i>		
Eligible for IRU course	24.4	27.0
Not eligible for IRU course (no reasonable prospects of employment in travel-to-work area)	16.4	21.0
Not eligible for IRU course (other reasons)	59.2	52.0
Eligible for IRU course and willing to attend	7.2	7.9
Eligible for IRU course but not willing to attend	92.8	92.1



Table 46A—contd.

Category	Percentage		
	Mentally Ill	Whole sample	
Attended or waiting to attend training course	3.0	4.1	
Not attended or waiting to attend training course	97.0	95.9	
<i>Not attended or waiting to attend training course</i>			
Training potential	above level of apprenticeable trade	1.2	1.1
	apprenticeable trade level	3.1	4.3
	below apprenticeable trade level	5.3	7.4
	not capable of training at these levels	71.0	66.8
	not assessable	19.4	20.4
<hr/>			
Training potential and willing to train	32.7	22.8	
Training potential but not willing to train	67.3	77.2	
<hr/>			
Occupation:			
Clerical or commercial	12.5	8.9	
Skilled or semi-skilled manual	8.5	9.2	
Unskilled manual—light	59.8	69.3	
Unskilled manual—heavy	11.7	5.9	
Other	7.5	6.7	
<hr/>			
Willing to accept and submitted to sheltered employment	25.0	26.7	
Willing to accept but not submitted to sheltered employment	75.0	73.3	
<hr/>			
<i>Willing to accept but not submitted to sheltered employment</i>			
No workshop for which eligible in travel-to-work area	44.5	32.8	
Not suitable for work available in workshops in travel-to-work area	29.6	39.4	
No suitable vacancies in last 2 years	25.9	27.8	
<hr/>			
<i>Submitted to sheltered workshops</i>			
Accepted, not yet started, or started but subsequently terminated	33.3	26.1	
Rejected as unsuitable for work available in workshops	33.3	25.0	
Rejected for particular vacancies to which submitted	22.2	22.8	
Result of submission awaited	11.2	26.1	

Mentally ill people, when compared with the whole sample, had the following main characteristics

Proportionately more were:

under 49; females; unmarried; without dependent children; unregistered; persons with reasonable

prospects of employment in the travel-to-work area; without secondary disability; mobile; persons who had attended or were awaiting attendance at an IRU; persons who had not attended or were not awaiting attendance at a training course; without training potential.

Table 46B *Mentally handicapped persons compared with whole sample*

Size of sub-sample: 155

Category	Percentage	
	<i>Mentally Handicapped</i>	<i>Whole sample</i>
Age Group 18-39	61.9	23.3
40-49	20.0	23.6
50-54	5.8	14.2
55-59	9.0	18.6
60 and over	3.2	20.3
Males	73.5	88.8
Females	26.5	11.2
Married	12.3	60.9
Not married	87.7	39.1
No. of children 0	95.5	74.0
1	1.3	7.7
2	1.3	7.0
3	1.3	4.5
4 or more	0.6	6.8
Registered as DP	63.2	74.6
Not registered as DP	36.8	25.4
RDPs whose registrability in doubt	11.2	7.2
RDPs whose registrability not in doubt	88.8	92.8
Registrability doubtful because no reasonable prospect of employment	100.0	77.1
Other doubt	—	22.9
Panel reference under consideration because of employment prospects	36.4	38.4
Panel reference not under consideration	63.6	61.6
Reasonable prospects in travel-to-work area	56.1	64.3
No reasonable prospects	43.9	35.7
Unregistered DPs—registrable	52.6	73.8
Unregistered DPs—unregistrable	47.4	26.2
<i>Unregistered but registrable DPs</i>		
Do not wish to register	36.6	56.8
Medical advice against registration	16.7	7.0
Medical evidence not yet available	16.7	9.6
Other reasons for non-registration	30.0	26.6
<i>Non-registrable DPs</i>		
No reasonable prospect of work	48.1	44.1
Disablement unlikely to continue for one year	—	15.8
Other reasons why not registrable	51.9	40.1
Section I	61.9	82.7
Section II	33.5	13.0
Unregistered and unclassified	4.5	4.3

Table 46B—contd.

Category	Percentage	
	Mentally Handicapped	Whole sample
Section II: Willing to accept sheltered employment	71.2	60.6
Section II: not willing to accept sheltered employment	28.8	39.4
<i>Section II: Unwilling to accept sheltered employment</i>		
Financial inducement was insufficient	—	25.7
Others	100.0	74.3
Receiving war or industrial pension	—	8.9
Not receiving war or industrial pension	100.0	91.1
Pensions	%	
100	—	2.7
90	—	0.8
80	—	1.6
70	—	2.2
60	—	5.4
50	—	7.6
40	—	10.8
30	—	22.4
20	—	46.5
Secondary disability	30.3	40.2
No secondary disability	69.7	59.8
<i>Other disadvantages</i>		
Disrupted education	30.3	5.1
Poor motivation	29.7	28.1
Personality or emotional difficulties	72.3	28.8
Recurrent sickness	3.9	16.7
Domestic troubles	5.2	16.7
Other difficulties	21.3	23.3
None of these disadvantages	9.0	28.8
Note: Categories are not exclusive and percentages do not add up to 100%		
Restriction on travel-to-work area	27.7	20.4
No restriction on travel-to-work area	72.3	79.6
Willing to move home	1.9	5.2
Not willing to move home	98.1	94.8
Willing and able to move home	33.3	62.7
Willing but not able to move home	66.7	37.3
<i>Unwilling to move home</i>		
Accommodation problem arising from disability	100.0	8.6
Other accommodation problems	—	80.3
No accommodation problem	—	11.1
<i>Duration of unemployment</i>		
Up to 6 weeks	9.7	11.5
7–13 weeks	9.0	11.0
14–26 weeks	8.4	12.9
27–52 weeks	15.5	16.1
53 weeks and over	57.4	48.5
Attended IRU	6.5	16.0
Did not attend IRU	93.5	84.0

Table 46B—contd.

Category	Percentage		
	Mentally Handicapped	Whole sample	
<i>IRU not attended</i>			
Eligible for IRU course	13.8	27.0	
Not eligible for IRU course (no reasonable prospect of employment in travel-to-work area)	19.3	21.0	
Not eligible for IRU course (other reasons)	66.9	52.0	
Eligible for IRU course and willing to attend	—	7.9	
Eligible for IRU course but not willing to attend	100.0	92.1	
Attended or waiting to attend training course	0.6	4.1	
Not attended or waiting to attend training course	99.4	95.9	
<i>Not attended or waiting to attend training course</i>			
Training potential	above level of apprenticeable trade	—	1.1
	apprenticeable trade level	—	4.3
	below apprenticeable trade level	—	7.4
	not capable of training at these levels	95.5	66.8
	not assessable	4.5	20.4
Training potential and willing to train	—	22.8	
Training potential but not willing to train	—	77.2	
Occupation: Clerical or commercial	—	8.9	
Skilled or semi-skilled manual	1.9	9.2	
Unskilled manual—light	65.2	69.3	
Unskilled manual—heavy	20.0	5.9	
Other	12.9	6.7	
Willing to accept and submitted to sheltered employment	27.0	26.7	
Willing to accept but not submitted to sheltered employment	73.0	73.3	
<i>Willing to accept but not submitted to sheltered employment</i>			
No workshop for which eligible in travel-to-work area	25.9	32.8	
Not suitable for work available in workshops in travel-to-work area	48.2	39.4	
No suitable vacancies in last two years	25.9	27.8	
<i>Submitted to sheltered workshops</i>			
Accepted, not yet started, or started but subsequently terminated	20.0	26.1	
Rejected as unsuitable for work available in workshops	40.0	25.0	
Rejected for particular vacancies to which submitted	10.0	22.8	
Result of submission awaited	30.0	26.1	

Mentally handicapped persons, when compared with the whole sample had the following main characteristics  
 Proportionately more were:  
 under 39; females; unmarried; without dependent children; unregistered; without reasonable prospects of employment in the travel-to-work

area; Section II; without pensions; without secondary disability; persons with disrupted education; without recurrent sickness; immobile; long-term unemployed; persons who had not attended or were not awaiting attendance at an IRU or a training course; without training potential; without occupational qualifications.



## Appendix 2 Analysis of disabled people in employment on 1 January 1971 who had been unemployed on 1 October 1970

### INTRODUCTION

1 This exercise was designed to shed light on whether the quota scheme assists DPs to find employment, and whether registered DPs as a class enjoy better prospects than unregistered DPs.

2 The analysis shows how many of the DPs who had been unemployed on 1 October 1970 had found employment three months later, what proportions were registered and unregistered and how each category fared as between firms subject or not subject to quota, and in each region. The precise method and the categories used are apparent from Table 1. The analysis also shows how many in each case had been placed by our services and how many found work on their own account.

3 As regards the main question, whether the quota scheme increases the employment chances of registered DPs, the figures at Table 1 are exceedingly hard to interpret and perhaps the correct conclusion should be that they provide no evidence one way or the other. As with any attempt to shed light on this important question, we are up against the difficulty that registration is itself a function of employment prospects; i.e. a person will register if he feels he needs to, so that registrants are not necessarily a class typical of DPs as a whole. In principle, even if registered DPs had a lower chance of obtaining employment than other classes of DPs, one could not safely infer that registration or the quota had not helped them.

4 The value of the figures is somewhat further reduced by the fact that 30 per cent of those who had gained employment by 1 January 1971 were in firms which employment exchanges were unable without unacceptable additional work to classify as having fulfilled their quota, or as being subject to quota or not. These have been placed in Group 5 in Table 1. Unfortunately the proportion was as high as 36 per cent on average in the two regions (LSE and Midland) which together accounted for nearly 40 per cent of those obtaining employment. We do not know how far this has unbalanced the result; the results for Group 5 are not too far removed from the national average as a whole, though they tend to be rather nearer to those for Group 4 (non-quota firms) than for any other.

### RESULTS

5 The following is an abstract of Table 1, showing those (national) figures most relevant to the main purpose of the inquiry:

Table A

Line No	Category of DP	Number of DPs employed according to class of firm							
		'Quota satisfied' firms		'Quota not satisfied' firms		'No Quota' firms		All Classified firms	
		No of DPs	% of Col (9)	No of DPs	% of Col (9)	No of DPs	% of Col (9)	No of DPs	%
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)
1	Registered on 1.10.70	2,021	36	2,144	39	1,399	25	5,564	100
2	Unregistered on 1.10.70	708	33	807	37	652	30	2,167	100
3	Unregistered on 1.10.70 but subsequently registered	111	42	107	40	49	18	267	100
4	Total	2,840	36	3,058	38	2,100	26	7,998	100

6 The following paragraphs comment on the main apparent results of the figures at Table A and at Table 1.

7 75 per cent of engagements with classified firms were with firms that are subject to quota. Such firms employ about 70 per cent of all employees in employment (excluding government) so that it seems they take up more than their share of DPs. It would be unsafe to conclude that it is the quota that exerts this effect; the firms not subject to quota are those which employ less than 20 and which therefore, individually, may offer less scope for the employment of DPs. Certainly, however, we can say that registered DPs tend to find employment with quota-subject firms and unregistered DPs with other firms although the differences are not considerable. (See Table B.)

*Table B*

<i>Line No.</i>	<i>Category of DP</i>	<i>No. Unemployed on 1.10.70</i>	<i>No. Employed in Firms Subject to Quota</i>	<i>No. Employed in Firms not Subject to Quota</i>	<i>Total No. Employed in Classified Firms</i>	<i>Col (4) as % of Col (6)</i>
<i>(1)</i>	<i>(2)</i>	<i>(3)</i>	<i>(4)</i>	<i>(5)</i>	<i>(6)</i>	<i>(7)</i>
1	DPs registered on 1.10.70 or subsequently	72,265 (74%)	4,383 (74%)	1,448 (69%)	5,831	75%
2	DPs unregistered on 1.10.70	24,763 (26%)	1,515 (26%)	652 (31%)	2,167	70%
3	Totals	97,028 (100%)	5,898 (100%)	2,100 (100%)	7,998	

8 Of the firms subject to quota, 'quota unsatisfied' firms attracted a slightly higher percentage of registered DPs than did other categories including particularly 'quota satisfied' firms. We cannot however interpret this result without knowing what proportion of the employed population is with 'quota unsatisfied' as opposed to 'quota satisfied' firms. We know that about 58 per cent of quota subject firms were 'quota unsatisfied' in 1970, and if the employed population were distributed evenly between the two categories, this would mean that proportionately, most registered DPs in the sample who were in employment on 1.1.71 had found it with firms that had already fulfilled their quota.

9 On the whole unregistered DPs were proportionately more successful in obtaining employment than registered DPs in the sample. They were equally successful at finding employment with quota-subject firms and more successful at finding employment with non-quota firms (see Table B). Strangely enough this pattern does not hold good in LSE region which possesses about 30 per cent of the working population and was responsible for 22 per cent of the placings in the sample. In LSE region, outcome for registered and unregistered DPs was broadly equivalent, with some advantage to the former and it follows that the pattern of better outcome for the unregistered is, over the rest of the country, considerably more pronounced than the national average. We just do not know why the outcome for LSE should be different; it is probably in some way associated with the fact that the proportion of unregistered to registered DPs is much higher there than in any other region.

10 The figures show that our placing effort is concentrated on registered DPs and on quota-subject firms. Of the sample as a whole we placed 50 per cent, and 50 per cent found work for themselves. Of registered DPs in the sample who were employed by quota-subject firms, we placed about 64 per cent; as against about 54 per cent unregistered DPs; and of unregistered DPs finding work with non-quota firms (proportionately the largest single category) we placed less than 40 per cent.

11 The analysis studies separately people who were unregistered on 1.10.70 and who became registered during the three subsequent months. This interesting sub-group is probably in the main DPs who had only recently become unemployed or who had just registered for employment prior to October 1970; and consequently were on average more employable than other groups; as indeed the outcome shows (Table 1, column 28). A particularly high proportion of these were (a) placed by us and (b) placed with quota-subject firms; and again, proportionately the highest percentage of them were placed with firms that had already fulfilled their quota.

12 We might speculate that these results may show a circular process; the firms which fulfil their quota may be those which tend to make registration a condition of employment, i.e., the decisions by this 'fast' sub-group to register were connected with actual offers or immediate prospects of work.

13 Or one might prefer to think that our officers make special efforts for those newly coming into the exchanges, and that these efforts based on the quota scheme are on the whole fairly well rewarded.

14 Of those on the DLF on 1 October 1970 (nearly 100,000), nearly 13 per cent were in employment three months later but we have no means of comparing this rate with those in other periods.

**Table 1 National summary Analysis of the Disabled Live File**

*Persons unemployed on 1.10.70 analysed according to position on 1.1.71*

PERSONS IN EMPLOYMENT ON 1 JANUARY 1971																														
Group 1 Government Employment					Group 2 Quota Satisfied					Group 3 Quota Not Satisfied					Group 4 No Quota				Group 5 Other Employers				Total in Employment			Total of C.A.				
Category of DP (1)	P (2)	FW (3)	T (4)	P/T% (5)	P (6)	FW (7)	T (8)	P/T% (9)	P (10)	FW (11)	T (12)	P/T% (13)	P (14)	FW (15)	T (16)	P/T% (17)	P (18)	FW (19)	T (20)	P/T% (21)	P (22)	FW (23)	T (24)	P/T% (25)	P (26)	FW (27)	T (28)	P/T% (29)	P (30)	
Non Ascentage of Line 4	208	123	331	62.8	1,259	762	2,021	62.3	1,320	824	2,144	61.6	596	803	1,399	42.6	944	1,534	2,478	38.1	4,327	4,046	8,373	51.7	6.15	5.75	11.90	61,950	70,303	
(2)																														
U on but excluding those who subse- quently	44	51	95	46.3	391	317	708	55.2	431	376	807	53.4	256	396	652	39.3	367	828	1,195	30.7	1,489	1,965	3,454	43.1	6.01	7.93	13.94	21,309	24,763	
As percentage of Line 4	16.5	28.6	21.3		22.6	28.5	24.9		23.6	30.5	26.4		29.1	32.4	31.0		26.8	34.2	31.5		24.5	31.9	28.2				25.1	25.5		
(3)																														
U on but subse- quently	15	4	19	78.9	79	32	111	71.2	75	32	107	70.1	27	22	49	55.1	59	61	120	49.2	256	151	407	62.9	13.04	7.69	20.73	1,555	1,962	
As percentage of Line 4	5.6	2.3	4.3		4.6	2.9	3.9		4.1	2.6	3.5		3.1	1.8	2.4		4.3	2.5	3.2		4.2	2.4	3.3				1.8	2.0		
(4)																														
Total	267	178	445	60.0	1,729	1,111	2,840	60.9	1,826	1,237	3,058	59.7	879	1,221	2,100	41.9	1,370	2,423	3,793	36.1	6,072	6,163	12,234	49.6	6.25	6.35	12.60	84,394	97,028	
100.0	100.0	100.0	100.0		100.0	100.0	100.0		100.0	100.0	100.0		100.0	100.0	100.0		100.0	100.0	100.0		100.0	100.0	100.0				100.0	100.0	100.0	100.0



## Appendix 3 Supplement to the analysis of Disabled Live File

1 The Disabled Live File (DLF) was analysed on 1 October 1970 by means of questionnaires completed by local office staff in respect of a 5 per cent random sample of disabled persons on the DLF (see Appendix 1). The DLF contained 97,028 people on 1 October and 4,177 questionnaires were completed. Concurrently an exercise was undertaken to find out how many of the people on the DLF on 1 October 1970 had obtained employment by 1 January 1971 (see Appendix 2). To do this a record was kept of all DPs on the DLF who entered employment during the relevant three month period. The results showed that 12,234 people (12.6 per cent) had obtained work by 1 January 1971.

2 The purpose of the present exercise was to see how many of those in the sample of 4,177 were known by the employment exchanges to have obtained work by 28 July 1971, i.e. within 43 weeks of the original date of the DLF analysis. The exercise additionally throws some light on the speed with which the people in the sample obtained employment and, using information from the original questionnaires, enables comparisons to be made between the above two variables and the following factors:

- (a) age
- (b) whether or not registered as a DP on 1 October 1970
- (c) the DRO's assessment on 1.10.70, of whether or not the DP had a reasonable prospect of employment in the local travel-to-work area
- (d) primary disability.

3 Supplementary questionnaires were completed and returned in respect of 4,150 people out of the original sample of 4,177, i.e. the response rate was 99.4 per cent.

4 Because the original assessment of employment prospects related only to the likelihood of obtaining work in the local travel-to-work area, a check was made on the number of people who had transferred from their original employment exchanges to another. This showed that only 75 people (i.e. 1.8 per cent) had changed local offices between October and July. Thus the validity of the DRO's assessment of employment prospects is unlikely to have been affected, other than marginally, by the movement of DPs in the sample to other areas.

### AGE AND EMPLOYMENT

5 Of the 4,150 DPs in the sample who were unemployed on 1 October 1970, 1,088 were known by the employment exchanges to have obtained employment during the period up to 28 July 1971. Thus rather more than one person in four had started work during the 43-week period under review. Table 1 shows clearly that the likelihood of obtaining employment is correlated with age; with advancing years the proportion in each age group obtaining employment declines.

*Table 1 Number in each age group obtaining employment as a percentage of those unemployed in each age group*

1	2	3	4
Age group	No. unemployed on 1.10.70	No. obtained employment by 28.7.71	Col 3 as % of Col 2
18-39	971	386	39.8
40-49	984	297	30.2
50-54	592	149	25.2
55-59	768	155	20.2
60 and over	835	101	12.1
Total	4,150	1,088	26.2

6 Thus two persons in five obtained employment in the 18-39 age group, but only one person in five amongst those aged 55-59. In the over 60 age group only slightly more than one person in eight found employment but it must be remembered that this age group consists almost exclusively of men whereas the under 60 age groups contain a proportion of women (about 10 per cent) who probably have a somewhat better prospect of employment than the men and therefore enhance the numbers obtaining employment. A comparison of the results for the over 60's with those of other age groups is therefore strictly speaking not a comparison of like with like; this in no way affects the general tendency though it may slightly overstate the effect.

7 The differential effect of age on the likelihood of gaining employment is further illustrated by Table 2. This shows that 18-39 year olds accounted for less than one quarter of all DPs unemployed but for more than a third of all those entering employment, on the other hand the over 60's comprised one-fifth of the unemployed but accounted for less than the tenth of those finding work.

*Table 2 Comparison of the age distribution of the unemployed with that of those finding employment*

<i>Age group</i>	<i>Unemployed on 1.10.70 (No. = 4,150)</i>	<i>Obtained employment by 28.7.71 (No. = 1,088)</i>
	<i>%</i>	<i>%</i>
18-39	23.4	35.5
40-49	23.7	27.3
50-54	14.3	13.7
55-59	18.5	14.2
60 and over	20.1	9.3
	100.0	100.0

8 Of the 1,088 people who obtained employment, rather more than one quarter had done so within a period of five weeks; it then took a further ten weeks for the next 25 per cent to do so. Three-quarters of all those obtaining employment had done so within 29 weeks and the remaining 25 per cent entered employment in the following 14 weeks (see Table 3).

9 The median time taken to obtain employment for all disabled people in the sample was 15.1 weeks. Table 5 compares the median time taken for people in each age group.

*Table 3 Time taken (weeks) for each quartile to obtain employment*

<i>Quartile</i>	<i>No. of weeks (cumulative)</i>	<i>No. of weeks</i>
1st	4.8	4.8
2nd	15.1	10.3
3rd	28.9	13.8
4th	43.0	14.1

*Table 4 Median time taken to obtain employment according to age group*

<i>Age group</i>	<i>Time taken (median) weeks</i>
18-39	15.3
40-49	15.2
50-54	13.8
55-59	15.0
60 and over	17.0
All ages	15.1

*Table 5 Mean time taken to obtain employment differentiated according to age group*

<i>Age group</i>	<i>Time taken (mean) weeks</i>
18-39	17.4
40-49	17.5
50-54	17.6
55-59	16.8
60 and over	19.2
All ages	17.5

10 Tables 4 and 5 show that people aged 60 and over take somewhat longer on average to obtain employment than those in other age groups but, generally speaking, the difference is not as great as might have been expected. Thus taking the medians, the greatest difference was 3.2 weeks as between the 50-54 year olds and the over 60s, whilst the means show a maximum difference of 2.4 weeks between the 55-59 year olds and the over 60s. It must be remembered however that the proportion of people finding employment in each age group diminishes with advancing age. Thus whilst it appears that of those who obtained employment in the period under consideration the average time taken to enter work did not increase in relation to age, apart from the 60 and over age group, the results show that the proportion in each age group finding work does clearly diminish. This would suggest that irrespective of age there are people whose likelihood, on average, of obtaining employment within a given period is very similar but that the proportion of such people in each age group declines with advancing years. From this it would appear that whilst the chronological age of an unemployed DP is an indicator of his likelihood of obtaining employment, there are in fact considerable numbers of older people whose likelihood is no different from that of the average of people in the youngest age group, but that there are progressively fewer of them in each group as age increases.

#### REGISTRATION AS A DISABLED PERSON

11 Of the 4,150 DPs in the sample who were unemployed on 1 October 1970, 1,057 (25.5 per cent) were not registered as disabled persons on that date (Table 6). Comparison of the numbers of registered and unregistered DPs who were known to have obtained employment by 28 July 1971 shows that proportionately slightly more unregistered than registered DPs had done so.

12 Table 7 shows that for those obtaining employment the average time taken to do so is slightly less for unregistered than for registered DPs.

*Table 6 Comparison of numbers of registered and unregistered DPs obtaining employment*

	<i>1 No. unemployed on 1.10.70</i>	<i>2 No. obtained employment by 28.7.71</i>	<i>3 Col 2 as % of Col 1</i>
Registered	3,094	783	25.3
Unregistered	1,057	305	28.9
Totals	4,150	1,088	26.2

*Table 7 Comparison of the average time taken (in weeks) to obtain employment for registered and unregistered DPs*

	<i>Median (weeks)</i>	<i>Mean (weeks)</i>
Registered	15.3	17.4
Unregistered	15.0	17.2



13 An analysis of the number finding employment in each four week period (Table 8) clearly shows how proportionately more DPs find employment in the first month, followed by a fairly rapid fall in the second and third months after which the rate of finding employment appears to level out at a somewhat lower level.

*Table 8 Numbers finding employment in each four week period, expressed as a percentage of all finding employment and differentiated between RDPs and URDPs*

<i>Period (weeks)</i>	<i>RDPs</i>		<i>URDPs</i>	
	<i>No's</i>	<i>%</i>	<i>No's</i>	<i>%</i>
up to 4	170	21.7	73	23.9
5- 8	102	13.0	34	11.1
9-12	77	9.8	30	9.8
13-16	58	7.4	27	8.9
17-20	59	7.5	27	8.9
21-24	47	6.0	19	6.2
25-28	49	6.3	20	6.6
29-32	73	9.3	22	7.2
33-36	65	8.3	24	7.9
37-40	48	6.1	19	6.2
40-43	35	4.5	10	3.3
	783	100.0	305	100.0

#### ASSESSMENT OF REASONABLE PROSPECT OF EMPLOYMENT

14 All DPs in the sample had been assessed by DROs on 1 October 1970 as to whether they had a reasonable prospect of obtaining employment in the local travel-to-work area. Thus by comparing the proportion in each group who had in fact obtained employment the accuracy of the assessments can be checked.

15 More than one in three DPs in the sample (35.6 per cent) were assessed as having no reasonable prospect of employment in the local travel-to-work area, and of this number only 12 per cent did in fact obtain employment within 43 weeks of the assessment having been made. Of the 2,700 DPs who were not so assessed 911 (34 per cent) were known to have obtained work in the same period. Table 9 shows these results analysed according to region.

*Table 9 Percentages of people obtaining employment analysed according to the DRO's assessment of reasonable prospect of employment*

<i>Region</i>	<i>Percentage of people with a reasonable prospect of employment who obtained work by 28.7.71</i>	<i>Percentage of people with no reasonable prospect of employment who obtained work by 28.7.71</i>
London and South Eastern	39.8	19.1
Eastern and Southern	44.4	10.9
South Western	40.4	16.5
Midlands	33.3	8.1
Yorkshire and Humberside	30.6	12.9
North Western	35.4	10.1
Northern	25.5	6.3
Wales	32.5	12.7
Scotland	28.5	13.5
Great Britain	34.1	12.0



16 Table 10 compares the percentages of DPs obtaining employment in each of the regions. This shows that proportionately more people living in the South-East entered employment than in any other area. Those in Northern region fared worst of all – fewer than one in six obtained a job compared with almost one in three in the South-East. What is perhaps surprising is that Midlands region recorded the next worst result after Northern.

17 Table 11 shows that not only did proportionately fewer people obtain employment who had been assessed as having no reasonable prospect of employment but that those who did start work took on average four weeks longer to do so than those DPs who were judged by DROs to have a reasonable prospect.

18 Differentiating the average time taken to obtain employment according to region produces somewhat different results according to whether median or mean periods are used (Table 12).

*Table 10 Regional analysis of the percentages of people obtaining employment*

<i>Region</i>	<i>Percentage obtained employment by 28.7.71</i>
London and South Eastern	32.7
Eastern and Southern	32.0
South Western	30.6
Midlands	23.4
Yorkshire and Humberside	25.1
North Western	27.6
Northern	17.1
Wales	24.2
Scotland	24.4
Great Britain	26.2

*Table 11 Average time taken to obtain employment according to assessment of reasonable prospect of employment*

<i>Reasonable prospect of employment in travel-to-work area</i>	<i>Time taken (weeks)</i>	
	<i>Median</i>	<i>Mean</i>
Yes	14.4	16.6
No	18.3	20.4

*Table 12 Average time taken to obtain employment differentiated according to region*

<i>Region</i>	<i>Time taken to obtain employment (weeks)</i>		
	<i>Median</i>	<i>Mean</i>	<i>Difference</i>
London and South Eastern	14.9	17.4	2.5
Eastern and Southern	11.5	17.2	5.7
South Western	12.0	19.9	7.9
Midlands	11.0	14.7	3.7
Yorkshire and Humberside	17.3	19.3	2.0
North Western	16.0	17.5	1.5
Northern	12.0	18.1	6.1
Wales	18.3	19.3	1.0
Scotland	15.0	17.1	2.1
Great Britain	15.1	17.5	2.4

19 The reason for the large differences between the mean and median lengths of time taken to enter employment in the case of the Eastern and Southern, South-West and Northern regions is because proportionately more people obtained work in the latter part of the 43 week period than in other regions, even though the initial rate at which people entered employment was faster than in the other regions. A possible explanation might be that DPs in these three regions were particularly subject to the effects of seasonal unemployment in that job opportunities for disabled people in these areas were relatively more scarce, during the period January to April, than elsewhere.

20 Table 13 shows the number in each disablement group who were known to have obtained employment by 28 July 1971 and shows the number who obtained employment within four weeks as a percentage of the total obtaining employment in each disablement group.

*Table 13 Numbers in each impairment group entering employment expressed as a percentage of the number unemployed on 1.10.70*

<i>Impairment Group</i>	<i>Col 2 No. unemployed on 1.10.70</i>	<i>Col 3 No. entering employment by 28.7.71</i>	<i>Col 4 Col 3 as % of Col 2</i>	<i>Col 5 No. obtaining employment within 4 weeks of 1.10.70</i>	<i>Col 6 Col 5 as % of Col 3</i>
Amputations	93	32	34.4	3	9.4
Arthritis and rheumatism	181	45	24.9	12	26.7
Diseases of the digestive system	199	48	24.1	11	22.9
Diseases of the heart etc	449	105	23.4	22	21.0
Diseases of the lungs	552	115	20.8	24	20.9
Ear defects	109	31	28.4	6	19.4
Eye defects	175	41	23.4	7	17.1
Injuries of the head etc	130	25	19.2	9	36.0
Injuries and diseases of lower limb	324	97	29.9	23	23.7
Injuries and diseases of upper limb	212	58	27.4	11	19.0
Injuries and diseases of spine	423	124	29.3	28	22.6
(a) paraplegia	31	14	45.2	2	14.3
(b) other	392	110	28.1	26	23.6
Mental disorders	684	200	29.2	47	23.5
(a) psychoneuroses	321	107	33.3	23	21.5
(b) other mental illnesses	208	61	29.3	13	21.3
(c) mental subnormality	155	32	20.1	11	34.4
Organic nervous diseases	263	79	30.0	17	21.5
(a) epilepsy	161	50	31.1	10	20.0
(b) others	103	29	28.2	7	24.1
Tuberculosis	102	22	21.6	7	31.8
Other general diseases	253	66	26.1	16	24.2
Totals	4,150	1,088	26.2	243	22.3

21 People with paraplegia obtained employment more readily than people in any other disablement group; 45 per cent of those unemployed on 1 October 1970 were known to have found a job during the following nine months. This group was followed by people with amputations (34.4 per cent); psychoneuroses (33.3 per cent) and epilepsy (31.1 per cent). The disabilities associated with the least likelihood of obtaining employment were blindness (13.0 per cent), head injuries (19.2 per cent), mental subnormality (20.1 per cent) and respiratory diseases (20.8 per cent).

22 During the four weeks following 1 October 22 per cent of all people entering employment by 28 July 1971 had in fact obtained work – or in other words about one person in sixteen who was unemployed on 1 October had started a job within four weeks of that date. People registered because of either paraplegia or amputation were relatively

slower in initially obtaining employment – only 9 per cent of amputees and 14 per cent of paraplegics who obtained work, did so in the first four weeks. On the other hand, people with head injuries and the mentally subnormal, initially obtained employment faster than people with other disabilities.

## CONCLUSIONS

23 Age is correlated with the likelihood of obtaining employment; with advancing age proportionately fewer disabled people found work. Proportionately twice as many people aged 18–39 found work as those aged 55–59.

24 Of all the people who obtained employment in the nine month period under consideration, one quarter did so within the first five weeks; the rate of finding work then declined appreciably so that the third and fourth quartiles each took about 14 weeks.

25 The average (mean) time taken to obtain employment was 17·5 weeks. Although the likelihood of obtaining employment declines with advancing age, the speed with which those people who obtained employment did so, was virtually the same irrespective of age, with the exception of the over 60's who on average took about two weeks longer to obtain employment.

26 Relatively more unregistered than registered DPs obtained employment although the difference was small and the average time taken to find a job was almost identical.

27 Disabled people assessed as having no reasonable prospect of employment were only one third as likely to obtain employment as other people. Only 12 per cent of the former found a job compared with 34 per cent of the latter and in addition those assessed as having no reasonable prospect took on average four weeks longer to enter employment than the others.

28 Relatively more people obtained employment in the South-East (about 32 per cent) than the other regions and prospects of finding work were worst of all in Northern region where only 17 per cent did so.

29 Taking mean periods to obtain employment, people in Midland region entered work quicker than in any other region, whilst people in Wales, Yorkshire and Humberside and the South-West took longest.

30 Paraplegics and amputees were more likely to enter employment than people in any other disablement group, whilst the blind and those with head injuries, the mentally subnormal and people with respiratory diseases had the least likelihood.

#### Appendix 4 The working status of men and women in different age groups

Working status	Men aged				Women aged				Men and Women aged			
	16-29	30-49	50-64	16-64	16-29	30-49	50-64	16-64	16-29	30-49	50-64	16-64
Working	30,000	133,000	192,000	355,000	14,000	53,000	74,000	141,000	43,000	186,000	266,000	495,000
Attending an occupation centre	4,000	2,000	—	6,000	3,000	2,000	—	5,000	7,000	4,000	—	11,000
Unemployed (can work if job available)	5,000	14,000	20,000	40,000	3,000	3,000	4,000	10,000	8,000	17,000	24,000	50,000
Off sick temporarily	3,000	21,000	48,000	71,000	2,000	10,000	9,000	22,000	5,000	31,000	57,000	93,000
Housewife	—	—	—	—	7,000	61,000	203,000	271,000	7,000	61,000	203,000	271,000
Retired	—	—	4,000	4,000	—	—	74,000	74,000	—	—	78,000	78,000
Permanently disabled & unable to work again	6,000	25,000	136,000	168,000	10,000	41,000	69,000	123,000	16,000	66,000	205,000	291,000
Totals	50,000	197,000	401,000	648,000	39,000	170,000	433,000	642,000	89,000	366,000	833,000	1,288,000

(Source: Work and Housing of Impaired Persons in Great Britain. HMSO. Table 7 p.13)

*Note: Because of rounding, the sum of the numbers in each cell may differ from the total(s) shown*



## Appendix 5 Medical code for the classification by disability of Disabled Persons

The following notes are those provided by the Department of Employment for the guidance of officers concerned with the classification by disability of disabled persons.

1 Where a person suffers from more than one disability, classification should be according to the main disability or the major single effect of multiple disabilities. Where a disability might be classified both according to its cause and according to its effect, the latter should determine the category in which a person is classified. For example, a person who, as a result of poliomyelitis, (a) is a paraplegic, should be classified as paraplegic (T.1), or (b) has a paralysed arm should be classified as (S); similarly, a person who becomes blind as a result of diabetes should be classified as blind (O) and not as a diabetic (Z).

2 The examples of conditions, injuries and diseases given under a number of the code letters below are not intended to be exhaustive, but to serve as pointers to the kinds of disability which are covered by the various code letters.

3 Asthma has been included in K2 because it causes similar difficulties in employment to respiratory diseases.

4 Registration of the blind was formerly under the Blind Persons Act but is now under the National Assistance Act. Some persons registered as blind, and therefore to be coded O, may have fractional sight. Persons registered as 'partially sighted' as distinct from those with fractional sight, should be coded P. Reference should be made, if necessary, to the local registering authority.

<i>Disability group</i>	<i>Code letter</i>
<b>Amputation</b>	
One arm (including partial)	A
Both arms (including partial)	B
One leg (including partial)	C
Both legs (including partial)	D
One arm and one leg and other multiple	E
<b>Arthritis and Rheumatism</b>	
Joints; muscular (including fibrositis)	F
<b>Diseases of the Digestive System</b>	
i.e., diseases of stomach, intestines (e.g. gastric and duodenal ulcers), rectum, liver, pancreas and colon	H
<b>Diseases of the Genito-Urinary Systems</b>	
Cystitis; Nephritis; Pyelitis and other diseases of the kidneys and bladder	I
<b>Diseases of the Heart and Circulatory System</b>	
Congenital and rheumatic heart diseases; coronary disease; valvular diseases (mitral and aortic); angina pectoris; endocarditis; myocarditis; pericarditis; hypertension; arteriosclerosis; varicose veins; phlebitis; thrombosis	J
<b>Diseases of the Respiratory System</b> (other than Tuberculosis – for which see X)	
Pneumoconiosis (including Silicosis) – coal miners and ex-coal miners only	K1A
Pneumoconiosis (including Silicosis) – other than coal miners and ex-miners	K1B
Chronic Bronchitis; emphysema; asthma and others (see Note 3 above)	K2
<b>Diseases of the Skin and Cellular Tissue</b>	
Dermatitis; eczema	L

## Ear Defects

Deaf without speech – those who have no useful hearing and whose normal method of communication is by signs, finger spelling or writing	M1
Deaf with speech – those who (even with a hearing aid) have little or no useful hearing but whose normal method of communication is by oral speech and lip reading	M2
Hard of hearing – those who (with or without a hearing aid) have some useful hearing and whose normal method of communication is by ordinary speech and listening. Others (e.g. middle ear diseases; Meniere's disease; Tinnitus Aurium)	N

## Eye Defects

Persons registered with local authorities as blind, and totally blind persons not so registered (see Note 4)	O
Persons with eye defects other than those included under O (see Note 4 above)	P

## Injuries of Head, Face, Neck, Thorax, Abdomen, Pelvis, Trunk

Injuries to head, face, neck and throat	Q1
Injuries to thorax, abdomen, pelvis and trunk; hernia	Q2

## Diseases, Injuries and Deformities of the Lower Limb (except those specifically covered by other code letters)

Hip, thigh, leg, knee, foot (e.g. Osteomyelitis; Synovitis; Ankylosis, i.e. loss of joint function)	R
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## Diseases, Injuries, Deformities of the Upper Limb (except those specifically covered by other code letters)

Shoulder, arms, elbow, wrist, hand (e.g. Osteomyelitis; Synovitis; Ankylosis, i.e. loss of joint function)	S
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## Diseases, Injuries and Deformities of the Spine (except those specifically covered by other code letters)

Paraplegia (paralysis of the lower portion of the body due to injury or disease of the spinal cord)	T1
Curvatures and Spondylitis. Lumbar and cervical disc lesions and prolapses and others	T2

## Mental Disorders

Psychoneuroses (e.g. anxiety or obsessional states; hysteria)	U1
Other mental illnesses (e.g. Psychoses; Schizophrenia; Paranoia; Psychopathic disorders; Dementia)	U2
Mental sub-normality	U3

## Organic Nervous Diseases

Epilepsy	V1
Others (e.g. Disseminated Sclerosis; Hemiplegia; Sciatica; Cerebral Palsy; injuries and diseases of the brain)	V2

Tuberculosis (pulmonary)	X
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## Tuberculosis (Non-pulmonary)

Spine; bones; joints; other organs	Y
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## Other General Diseases and Injuries not mentioned above

(e.g. Haemophilia; Leukaemia; Anaemia and other diseases of the blood; obesity; diseases of the endocrine glands, such as Diabetes; injuries to the spleen)	Z
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## Appendix 6 Estimated annual number of boys and girls aged 16 and 17 leaving special schools in England and Wales, analysed by handicap category

Blind	Partially sighted	Deaf	Partially hearing	Physicaly handicapped	Delicate	Maladjusted	ESM	Epileptic	Speech defect	Hospital Schools	All pupils
78	152	190	152	573	388	329	5,366	92	6	121	7,447

*Note:* Figures exclude boys and girls receiving special education other than at Special Schools. They were derived by the Department of Education and Science from a comparison of figures for pupils aged 15 and 16 in 1968 with figures for pupils aged 16 and 17 in 1969. Pupils from hospital schools cannot be classified by handicap.

## Appendix 7 Characteristics of clients of the DP Resettlement Service

1 Registration as a disabled person is a voluntary act. Some disabled people prefer not to register because they do not wish to be labelled with their disability and some even think it would harm their job prospects. Some are medically advised not to register, including many mentally disabled people. Those concerned with the employment of disabled young people do not as a rule encourage them to register, the doctrine being that stress should not be laid on the disability where this is avoidable. And as our investigations have shown, many disabled people are not aware of the existence of the Register or even that they could be regarded as 'disabled people'.

2 Tables 1-3 are derived from the Analysis of the Disabled Live File (Appendix 1). Table 1 confirms that people with mental illness and mental handicap, with diseases of the digestive system and skin diseases tend not to register. There is an opposite tendency by people with paraplegia, with eye defects and with amputations. This perhaps suggests that the propensity to register may be connected with social attitudes towards different impairments, with the possibility of concealment or the uncertainty of the prognosis for the impairment.

*Table 1 Comparison of unemployed registered and unregistered persons on the Disabled Live File on 1 October, 1970*

*Analyses by Disablement Group*

<i>Disablement Group</i>	<i>Registered persons as % of all persons in disablement group</i>	<i>Distribution by Disablement Group</i>	
		<i>Registered DPs</i>	<i>Unregistered DPs</i>
	%	%	%
Amputation (A to E)	86	2.6	1.3
Arthritis and Rheumatism (F)	81	4.7	3.3
Diseases of the Digestive System (H)	70	4.8	4.9
Diseases of the Genito-Urinary Systems (I)	71	0.8	0.9
Diseases of the Heart and Circulatory System (J)	80	11.6	8.5
Diseases of the Respiratory System			
Other than Tuberculosis (K1A, K1B, K2)	76	13.5	12.8
Diseases of the Skin and Cellular Tissue (L)	66	1.4	2.1
Ear Defects (M1, M2, N)	76	2.8	2.6
Eye Defects (O, P)	86	4.9	2.4
Injuries of the Head, Face, Neck, Thorax, Abdomen, Pelvis, Trunk (Q1, Q2)	81	3.5	2.4
Diseases, Injuries and Deformities of the Lower Limb (except those specifically covered by other code letters) (R)	77	8.1	6.9
Diseases, Injuries and Deformities of the Upper Limb (except those specifically covered by other code letters) (S)	79	5.4	4.3
Injuries, Diseases and Deformities of the Spine (except those specifically covered by other code letters (T1 and T2)	82	11.2	7.1
Mental Disorders (U1, U2 and U3)	54	11.9	29.4
Organic Nervous Diseases (V1 and V2)	82	7.0	4.5
Tuberculosis (Pulmonary) (X)	67	2.2	1.8
Tuberculosis (Non-pulmonary) (Y)	71	0.3	0.4
Others (Z)	66	3.3	4.9
	75	100.0	100.0



3 Table 2 shows that disabled people below the age of 50 and in regions where the employment position is better are less likely to register. Registration is also much more prevalent among DPs whose unemployment has been for more than 13 weeks (Table 3) though this might in part be due to delays in the process of identification and registration. However, by and large there is no doubt that registration is a function of employability. Those who can pass off as fit people or who can feel some optimism about their condition and those who anticipate or experience less difficulty in finding a job are rather less likely to register.

4 With this in mind, consideration is given to Tables 4 to 11 which set out the essential information derived from the analysis of new entrants to the Disabled Persons Register during the year ended April 1971. People renewing their registration were excluded although about 18 per cent of the new entrants had previously been registered but had allowed their registration to lapse.

*Table 2 Incidence of registration by age group and comparison of incidence of registration with unemployment rate*

Region		Age 18-49			Age 50 and over			All ages			Regional Unemployment Rate*
		Reg	Unreg	Total	Reg	Unreg	Total	Reg	Unreg	Total	
London and South Eastern	No.	159	111	270	196	102	298	355	213	568	1.4
	%	58.9	41.1	100.0	65.8	34.2	100.0	62.5	37.5	100.0	
Eastern and Southern	No.	112	44	156	135	59	194	247	103	350	2.1
	%	71.8	28.2	100.0	69.6	30.4	100.0	70.6	29.4	100.0	
South Western	No.	90	24	114	95	17	112	185	41	226	2.7
	%	78.9	21.1	100.0	84.9	15.2	100.0	81.9	18.1	100.0	
Midlands	No.	190	84	274	258	75	333	448	159	607	2.9
	%	69.3	30.7	100.0	77.5	22.5	100.0	73.4	26.2	100.0	
Yorkshire and Humberside	No.	207	67	274	225	65	290	432	132	564	3.0
	%	75.6	24.5	100.0	77.6	22.4	100.0	76.6	23.4	100.0	
North Western	No.	217	45	262	247	37	284	464	82	546	2.9
	%	82.8	17.2	100.0	87.0	13.0	100.0	85.0	15.0	100.0	
Northern	No.	129	58	187	196	54	250	325	112	437	4.8
	%	69.0	31.0	100.0	78.4	21.6	100.0	74.4	25.6	100.0	
Wales	No.	106	60	166	143	56	199	249	116	365	4.1
	%	63.9	36.9	100.0	71.9	28.1	100.0	68.2	31.8	100.0	
Scotland	No.	210	46	256	199	59	258	409	105	514	4.3
	%	82.0	18.0	100.0	77.1	22.9	100.0	79.6	20.4	100.0	
Great Britain	No.	1,420	539	1,959	1,694	524	2,218	3,114	1,063	4,177	2.7
	%	72.5	27.5	100.0	76.4	23.6	100.0	74.6	25.4	100.0	

\* As at 14 September 1970.

*Table 3 Incidence of registration by duration of unemployment*

Region	Percentage of people registered as disabled:	
	(a) unemployed for 13 weeks or less	(b) unemployed for 14 weeks or more
	%	%
London and South Eastern	60.2	63.6
Eastern and Southern	60.0	75.1
South Western	80.3	82.5
Midlands	69.4	75.2
Yorkshire and Humberside	63.8	79.5
North Western	78.3	86.8
Northern	61.0	76.5
Wales	64.4	69.0
Scotland	85.9	78.1
Great Britain	68.7	76.3
Number in sample	646	2,468

*Table 4A Onset of disablement among new entrants to the DP register*

Age Group (1)	Time of disablement			
	At birth or in early childhood (2)	Within the five years preceding the year of registration (3)	During 1969-1971 (included in Col 3) (4)	Number on which % based (5)
	%	%	%	
Under 18	66	13	8	2,221
18-21	40	36	23	3,375
22-30	24	43	28	6,027
31-44	11	44	29	14,954
45-54	5	45	29	20,487
55-60	3	47	31	13,961
61-65	2	49	33	5,893
Over 65	3	22	13	306
All ages	11	44	29	67,224
Number	7,501	29,370	19,216	—

5 Altogether there were 67,000 new entrants to the DP Register in 1970-71 of whom 30 per cent might be regarded as newly disabled in the sense that the onset of their disability had occurred during 1969, 1970 or 1971 i.e., up to a maximum of two years and four months before the date of registration (see Table 4A). About 44 per cent had become disabled within the five years preceding registration, whilst 11 per cent had been disabled at birth or in early childhood. Congenital disablements were much more prevalent amongst the younger entrants to the register and steadily diminished with increasing age. People referred from medical sources were rather more likely to be newly disabled (Table 4B).

*Table 4B Onset of disablement amongst new entrants to the DP register referred from medical sources*

<i>Age Group</i>	<i>New registrants referred from medical sources whose disablement occurred in 1969-1971 %</i>	<i>Total referred from medical sources (i.e., number on which percentage based)</i>
Under 18	16	258
18-21	36	649
22-30	39	1,288
31-44	40	2,894
45-54	40	3,686
55-60	43	2,455
61-65	45	944
Over 65	22	27
All ages	40	12,201
Number	4,885	—

6 More than half of the people newly registering came to us on their own initiative; about 13 per cent were referred from medical sources and 15 per cent by employers, no doubt with the object of ensuring credit towards quota.

7 Thirty-nine per cent of new registrations were by people who were already employed (see Table 10). Some of these no doubt had gained employment only after registration began, so altogether upwards of 40,000 new registrations by people with a current employment problem took place in 1970-71 i.e., by people who for present purposes may be regarded as 'our clients'.

8 The 40,000 or so people with current employment problems no doubt included all of the 12,000 referred from medical sources. In the main these would be people who required resettlement. The remainder included 5,500 people who had become unemployed through redundancy, together with those who had lost their jobs for personal reasons or reasons connected with their disablement, including recurrent sickness, or who just wanted a change of employment. A few (about 1,600, mainly youths) had never been employed before. Forty-six per cent of the 40,000 had been in employment within the six months preceding the date of their registration, 28 per cent had been unemployed for more than six months and 26 per cent had had no employment since the onset of their disablement.

9 Table 5 shows the disablement profile of newly registered DPs. Applying the findings from Table 1 concerning the propensity of people with different disabilities to register, and bearing in mind (1) that people already registered include a smaller proportion of people with mental disablements than those newly registering, (2) that of the people on the DLF in 1970 with mental disablements only half were registered (3) that such people are somewhat more prone to periodic sickness and hence to periodic unemployment and finally (4) that proportionately more of them were unemployed at the time of registering as disabled, then the conclusion is that one of the two biggest single groups of disabled people seeking our services in 1970 was that of people with nervous or mental disablements. Probably they accounted for about 20 per cent of the total number of client tasks, of which something less than half would be concerned with mentally ill people. People with injuries also form an important group, perhaps approaching a further 20 per cent of all client tasks, though the present classification system makes it very difficult to identify them separately from people with diseases of the limbs and spine. Beyond this there are important but rather smaller groups of people with the main age-related disabilities: in descending order of importance, heart and circulatory conditions, diseases of the lungs and arthritis and rheumatism.

Table 5 Nature of disablement of new entrants to the DP register in 1970-71

Nature of disablement	%	
Amputation	2.8	
Arthritis and rheumatism	5.6	
Diseases of digestive system	3.7	
Diseases of the genito-urinary systems	0.9	
Diseases of heart and circulatory system	15.5	
Diseases of respiratory system	11.6	
Diseases of skin and cellular tissue	1.2	
Ear defects	3.0	
Eye defects	4.7	
Injuries of head and trunk	3.0	
Diseases, injuries and deformities of lower limb	9.7	
Diseases, injuries and deformities of upper limb	5.7	
Diseases, injuries and deformities of spine	12.1	
Mental disorders		} 'Nervous and mental disablements'
(a) Neurosis	3.8	
(b) Psychosis etc	2.2	
(c) Mental handicap	2.0	
Organic nervous diseases		
(a) Epilepsy	3.7	
(b) Others	3.1	
Tuberculosis	2.0	
Other diseases and injuries	3.7	
	100.0	



10 Table 6 shows the turnover rates for both fresh and lapsed registrations amongst certain disability groups. The turnover rate for fresh registrations indicates the rate at which people with different disabilities are coming on to the DP register in relation to the numbers already there. The highest rates are for people with mental illness, heart and circulatory conditions and injuries and diseases of the spine.

*Table 6 Rates of new and lapsed registrations 1970*

<i>Disablement Group</i>	<i>Number registered</i>		<i>Difference</i>	<i>New registrations</i>	<i>Turnover rates per 100 registered in April 1970</i>	
	<i>April '70</i>	<i>April '71</i>			<i>Fresh</i>	<i>Lapsed</i>
All amputations	43,271	40,047	— 3,224	1,876	4.3	11.8
Heart diseases etc	61,914	63,083	+ 1,169	10,420	16.8	14.9
Chronic bronchitis etc	50,585	50,545	— 40	7,317	14.5	14.5
Spinal injuries (excluding paraplegia)	47,150	48,413	+ 1,263	7,394	15.7	13.0
Epilepsy	21,307	21,591	+ 284	2,505	11.8	10.4
Psychoneuroses	16,461	16,587	+ 126	2,557	15.5	14.8
Psychoses etc	8,096	8,258	+ 162	1,447	17.9	15.9
Mental handicap	12,070	12,477	+ 407	1,373	11.4	8.0
Pulmonary TB	20,876	19,300	— 1,576	1,118	5.4	12.9
Blind	10,672	9,559	— 1,113	609	5.7	16.1

11 The age distribution of new registrants is at Table 7 and shows that about 60 per cent were over 45 years of age and rather more than 20 per cent were of mature working age (i.e., between 31 and 44). The distribution does not permit a direct comparison with that of people on the Disabled Live File, but an interpolation from Table 7 would suggest that about 47 per cent of them were 50 or more, as compared with 54 per cent of the unemployed registered disabled.

*Table 7 Age distribution of new registrants 1970-1971 (percentages)*

<i>%</i>		
<i>Under 18</i>	<i>3.3</i>	
18-21	5.0	(Total on which percentages are calculated: 67,224)
22-30	9.0	
31-44	22.2	
45-54	30.5	
55-60	20.8	
61-65	8.8	
over 65	0.5	

12 Table 8 compares the age distribution of new registrants with that of all employees and shows the rate of new DP registrations according to age. More than 60 per cent of new registrants were over 45 compared with just under 40 per cent of all employees which reflects the fact that the rate of new registration was nearly two and a half times greater amongst people over 45.

**Table 8** *Comparison of the numbers of employees in Great Britain and the number of new entrants to the DP register classified by age*

<i>Age Group</i>	<i>Employees* 000's</i>	<i>New entrants DP register</i>	<i>New entrants to DP Register per 1,000 employees</i>
Under 18	1,150	2,221	1.93
18-21	2,332	3,375	1.45
22-30	4,356	6,027	1.38
31-44	6,008	14,954	2.49
45-54	4,682	20,487	4.38
55-60	2,530	13,961	5.52
61-65	1,349	5,893	4.37
Over 65	524	306	0.58
Total aged 15 and over 22,928†		67,224	2.93

\* Source. Department of Employment Gazette, September 1971 page 811, Table 2.

† The total differs from the sum of the components because of rounding.

**Table 9** *Age distribution of new registrants according to nature of disablement*

<i>Disablement Group</i>	<i>AGE GROUP</i>		
	<i>30 and under</i>	<i>31-54</i>	<i>55 and over</i>
Amputation	19.4	54.6	26.0
Arthritis and rheumatism	5.5	51.1	43.4
Diseases of digestive system	9.6	57.7	32.6
Diseases of heart etc	3.6	49.9	46.6
Diseases of lungs	8.8	48.1	43.1
Ear defects	32.2	44.6	23.2
Eye defects	26.4	49.7	23.9
Injuries of head etc	12.1	54.3	33.6
Injuries and diseases of lower limb	19.5	52.5	27.9
Injuries and diseases of upper limb	20.4	53.9	25.7
Injuries and diseases of spine	14.5	64.0	21.5
Nervous and mental disablements	38.3	49.0	12.7
Tuberculosis	6.7	68.9	24.4
Other diseases and disablements	22.6	52.2	25.2
All disablements	17.3	52.7	30.0

13 Table 9 shows that a high proportion of new entrants to the register with nervous and mental disablements (and with ear defects) are under 30, whilst a high proportion of those with injuries are of mature working age. There are proportionately more people over the age of 55 amongst those with arthritis, heart diseases and respiratory conditions than in any of the other disablement groups.

14 Tables 10 and 11 show the employment status of new registrants at the time of their entry to the Disabled Persons Register according to (1) their age and (2) their impairment. The two are clearly inter-related; but the tables show that there is a rather greater tendency to be unemployed at the time of registration among new registrants (1) aged between 22 and 45 and over 60 and (2) with nervous and mental disablements, spinal conditions, digestive diseases and the age-related disabilities i.e. among the disabilities which dominate the register.

Table 10 Status at date of registration according to age

	<i>Employed at present</i>	<i>Unemployed but previously employed</i>	<i>Never employed</i>
under 18	33.7	22.4	43.9
18-21	31.1	58.4	10.5
22-30	35.6	62.9	1.6
31-44	36.5	63.1	0.4
45-54	41.4	58.3	0.2
55-60	41.5	58.4	0.1
61-65	39.9	60.1	—
over 65	79.1	20.9	—
All ages	39.0	58.6	2.3
Number on which percentage based	26,279	39,393	1,552

Table 11 Status at date of registration according to disablement

<i>Disablement Group</i>	<i>Employed at present</i>	<i>Unemployed but previously employed</i>	<i>Never employed</i>
Amputations	60.1	38.5	1.5
Arthritis and rheumatism	40.1	59.3	0.5
Diseases of digestive system	31.9	67.4	0.8
Diseases of heart etc	39.0	60.4	0.7
Diseases of lungs	31.9	67.4	0.7
Ear defects	53.0	40.5	6.5
Eye defects	49.0	45.5	5.5
Injuries of head etc	36.0	63.7	0.3
Injuries and diseases of the lower limb	48.0	49.9	2.1
Injuries and diseases of the upper limb	47.0	51.0	2.0
Injuries and diseases of the spine	35.6	62.9	1.6
Nervous and mental disablements	30.5	63.4	6.1
Tuberculosis	45.6	54.2	0.2
Other diseases and disablements	38.3	59.2	2.5
All disablements	39.1	58.6	2.3
Number on which percentage based	26,279	39,393	1,552

## Appendix 8 Experiments in the Resettlement Service

- 1 The purpose of the experiments is set out in paragraph 172 of the paper.
- 2 Three of the four experiments (i.e., A, B and D) are very closely related in all ways other than in the categories of clients with whom they are to be concerned. All three experiments would have the same arrangements for identification, for assessment and advice, for placing or other action, and for follow-up procedures. Experiment A would cover both disabled people and other disadvantaged groups. Experiment B would cover disabled people only. Experiment D would cover other disadvantaged groups only. This will make it possible to compare the results of the three experimental systems with each other and with the present arrangements.
- 3 Experiment C differs more widely to the other three. It is in fact a continuation of the pilot scheme at Washwood Heath. It will cover other disadvantaged groups only. The essential difference between it and experiment D is that the latter includes an assessment unit and the former does not. It will be possible to compare the results of experiment C and D with each other and with the present arrangements.
- 4 To summarise therefore it is proposed that the four experiments should be conducted as follows:  
*Experiment A* to test a special combined service – including the provision of an assessment unit – for dealing with both disabled people and other disadvantaged groups.  
*Experiment B* to test a special service – including an assessment unit – for disabled people only; with no special service for others.  
*Experiment C* to test a special service – including an assessment unit – for other disadvantaged groups only. The existing service for disabled people would continue as in experiment C.
- 5 A more detailed description of each experiment is given at Annex B to this appendix.
- 6 In those experiments dealing with disadvantaged people other than disabled people, the field from which people would be selected for assessment would consist of:  
(a) the socially disadvantaged  
(b) possibly young people including school leavers with obvious difficulties.
- 7 Some difficulty naturally arises over the definition of the “socially disadvantaged”. This matter will be considered further but, as an indication of the kind of people the Department has in mind, the definition used at the pilot scheme at Washwood Heath employment exchange is set out at annex A to this Appendix.

### MATCHING

- 8 Every effort will be made to match the four exchanges involved in the experiments as closely as possible as regards the industrial, commercial and residential environments and the rates of unemployment; and to ensure that the experiments are conducted in similar fashion.

### *Control Groups*

- 9 In order to achieve systematic and objective arrangements for monitoring and evaluating the performance of the experiments against the present system, it is proposed that control groups be established. It is important that control groups differ from the experimental groups only in the type of service offered to clients and that in terms of area, level of local employment and numbers and types of clients they are as similar as possible. For these reasons it is considered that the control group should be set up in the local office conducting the experiment.



### *Staff Requirements*

10 Outlined at Annex C are the total staff requirements for the four proposed experiments, i.e, those including existing available staff, and following that estimates of the additional staff to be recruited. More staff than those allowed for in the estimates may be required if local offices find that additional staff are required to run control groups. The appointment at Headquarters of a central controller at Grade 3 level for the co-ordination of the experiments and the control groups is considered desirable.

### *Staff Training*

11 Separate consideration is being given to the length and form of training required for those Departmental officers involved in the experiments.

### *Initial Selection of Clients*

12 All clients of whatever category who are selected either for the special service or the control group will have been unemployed for at least three weeks.

## *Annex A to Appendix 8 Pilot scheme at Washwood Heath: identification of the "socially disadvantaged"*

### 1 DEFINITION

For present purposes the socially disadvantaged group has been defined as "those handicapped in obtaining or keeping employment by some non-medical cause, such as personality defects or domestic difficulties". This brief definition may be amplified or amended in the light of experience gained during the study. The lists which follow are offered as illustrations of the types of disadvantage which might be regarded as bringing a person within the definition and the factors which might be present in a person deemed to be socially disadvantaged. These are neither comprehensive nor exclusive and, as with the brief definition, are open to amendment.

#### *(a) Examples of circumstances which, either singly or in combination, might constitute a social disadvantage in employment terms*

- (i) Physical deterioration in the absence of defined illness, e.g, personal neglect or malnutrition.
- (ii) Known delinquent or criminal record or activities. Markedly unusual behaviour – displays of hostility, apathy or suspicion towards local office staff.
- (iii) Evidence of impaired relationships, e.g, separation from spouse and/or children. Disruption caused by rejection (or death) of supportive relatives. Intellectually deviant from the rest of the family, i.e, exceptionally intelligent or backwards compared with family level.
- (iv) Social isolation, e.g, homeless, friendless, single women with illegitimate child, lack of communication, poor integration, different cultural background. Socially inadequate as a result of long dependance on institutional life, e.g, children's home, prison, hospital.
- (v) Acute anxiety about changed circumstances, e.g, redundancy, threatened eviction from home, debts.
- (vi) Housing difficulties.
- (vii) Change of sex or transvestism.
- (viii) Already receiving help from a social agency with whom DE might collaborate, e.g, probation officer, child care officer.
- (ix) Unemployed following course at IRU.

- (b) *Factors which might contribute to the making of a socially disadvantaged person*
- (i) Physical limitations.
  - (ii) Limited education, e.g, poor reading ability.
  - (iii) Skill limitations (this refers to trade ability and not to unskilled workers as opposed to skilled workers).
  - (iv) Being dull and unintelligent.
  - (v) Unstable personality.
  - (vi) Motivation attitudes.
  - (vii) Social incompetence, e.g, inability to manage own affairs, as for example, running into debt with HP, arrears with rent etc.

## 2 GUIDANCE NOTES

- (a) *Age* alone should not be regarded as a social disadvantage. For practical reasons it may be sensible to concentrate mainly on those under 55 years. Occupational pensioners who are clearly not particularly interested in getting work should be excluded from the study.
- (b) Persons of different colour or race should not automatically be regarded as socially disadvantaged unless one or more of the illustrative factors or circumstances mentioned in 1(a) and (b) above is also present.
- (c) *Work-shy*: it is important that nobody should be initially written-off as work-shy. The number of work-shy is expected to be small and those whose motivation to seek work is undermined by high rates of social security benefits as compared with any rate of pay they can be expected to earn should be excluded as being the responsibility of DHSS.
- (b) *Married women* who, because of family responsibilities (e.g, children at school) only want part-time work should *not* be regarded as socially disadvantaged even though the claims of their domestic responsibilities might make placing more difficult.
- (e) *Drug addicts and alcoholics*: those under treatment recovering from addiction should be dealt with by the DRO. Recovery is unlikely except under medical supervision and any cases identified who are not and refuse to be subject to medical supervision should be excluded.

## *Annex B to Appendix 8*

1 This Annex describes each of the four experiments in detail.

### Experiment A

#### *Location*

2 This experiment should provide an assessment unit for a combined service and it is proposed that it should be based on a Local Office having an OGU. This would enable the facilities and staff available at the OGU to be used if appropriate. Clients might need to be drawn from the travel-to-work area.

#### *Identification*

3 The field from which people would be selected for assessment would consist of the following categories:

- Category 1* Disabled people (both registered under the DP Act and un-registered).
- Category 2* The socially disadvantaged.
- Category 3* Possibly young people, including school leavers, with obvious difficulties.

4 Arrangements for identification of those referred to in para 3 above would be as follows:

*Category 1* by the resettlement office.

*Category 2* by experienced Grade 6 officers specially trained on what to look for as indicators of potential social disadvantage (see Annex A) on the basis of a sample of those interviewed as remaining unemployed, three weeks after initial registration (for this purpose the review interview would be re-introduced). Those so identified would be referred to the Resettlement Officer for confirmation of their suitability for assessment. It is expected that the Resettlement Officer would normally be able to decide this on the basis of a written submission.

*Category 3* by the Careers Officer at his discretion where additional help was needed.

#### *Assessment*

5 The Senior Resettlement Officer in this experiment would lead the assessment unit which would be based on a local office. Those identified under paragraph 4 would be submitted to the unit for assessment and it would proceed to carry out interviews in depth. Besides Resettlement Officers the unit would have other experts such as an Employment Medical Adviser, a Regional Psychologist and a Social Worker. Whether all these members sat permanently or whether some were "on call" is a matter which the experiment must obviously examine.

6 The aim would be to identify those who both (a) were in need of resettlement i.e., had reached a turning point or really required a specialised placing effort and (b) had a fair chance of responding to the application of the special service; and to determine in each case the appropriate steps to be taken if a special service was not to be applied.

#### *Advice*

7 After assessment as in paras 5 and 6 the Senior Resettlement Officer would provide guidance in writing as to subsequent action. This would give a clear indication of what action was appropriate as follows:

- (a) in respect of those clients thought to need the special service, the advice would cover direct placing (with positive guidance about the kind of employment to be sought), submission to IRU, submission to training, submission to sheltered employment. For those assessed as requiring industrial rehabilitation it would be for the Senior Resettlement Officer, in consultation with the team of experts, to determine whether the normal IRU course was appropriate and whether any special guidance should be given to the Rehabilitation Officer
- (b) for clients requiring the solution of social problems, the guidance would include a precise indication of the social agencies to be consulted
- (c) for clients who present no special problem of resettlement but where particular conditions of work ought nevertheless to be observed or avoided, the advice would include the necessary guidance
- (d) for clients who either do not need the special service or are incapable of benefiting from it – the advice would indicate the conclusions of the assessment unit.

#### *Placing or other action*

8 Clients would be referred back from the assessment unit as follows:

- (a) those (other than young people) needing special resettlement action – to the Resettlement Officer
- (b) young people to the Careers Officer



- (c) those not requiring a special service or thought to be incapable of benefiting from it – to the Grade 6 Officers in the employment section involved in identification
- (d) those requiring the solution of social problems – to the Resettlement Officer and thence to social workers as appropriate.

#### *Follow-up*

9 As many as possible of those referred to the assessment unit should be followed up at three month, six month and twelve month intervals. The follow-up procedure would involve a report to the Senior Resettlement Office by the Resettlement Officer, or in the case of young people, the Careers Officer. The follow-up procedure would take account of the following:

- (a) the number of placings made and jobs held
- (b) the views of the assessment unit on those people referred to it
- (c) the views of the Resettlement Officer on the advice, guidance and assistance
- (d) the views of outside agencies and employers
- (e) the views of the clients themselves

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### Experiment B

#### *Location*

10 This experiment would provide a separate service for disabled people and like Experiment A will have an assessment unit and be based on a local office having an OGU.

#### *Identification*

11 The field from which people would be selected for assessment would be restricted in this experiment to disabled people only. The Resettlement Officer would be responsible for identification in this experiment.

#### *Assessment and Advice*

12 The assessment unit led by the Senior Resettlement Officer would work on the same lines as the one in Experiment A.

#### *Placing or other action*

13 Clients would be referred back to the Resettlement Officer as in paragraph 8 above.

#### *Follow up*

14 This would be identical to the action described in paragraph 9 above.

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### Experiment C

#### *Location*

15 This type of experiment would test a separate service for the socially disadvantaged using a Senior Resettlement Officer for advisory work working without an assessment unit. We would propose that it should be set up as an extension of the study at Washwood Heath where the DRO is still operating a limited advisory and placing service.

#### *Identification*

16 The field from which people would be selected for assessment in this experiment would be:



- (a) the socially disadvantaged
- (b) school leavers with obvious difficulties
- (c) other young people requiring help.

17 In order to ensure comparability of identification between different Departmental officers and different local offices it is important that a standard method be adopted for identifying the socially disadvantaged on a pre-arranged basis. It is proposed that clients should be considered for the special service only after three weeks unemployment and that the identifying officers should be provided with a standard guide to the types of disadvantage to look for and the factors which might be present in a person deemed to be socially disadvantaged. The factors we have in mind are those set out in paragraph 1 of Annex A.

#### *Placing or Other Action*

18 In experiment C the Senior Resettlement Officer would make recommendations about placing on similar lines to those made by the Occupational Guidance Service which would be acted upon by the other placing officers in the LO, who would usually be the same officers who made the original referrals. The arrangement would be sufficiently flexible to allow for consultation between the placing staff and the Senior Resettlement Officer to clear any difficulties about his recommendations. We think that there should be regular meetings between the Senior Resettlement Officer and the employment staff concerned about problem cases.

#### *Follow-up*

19 The Senior Resettlement Officer would follow-up as many of his cases as possible at three month, six month and twelve month intervals to establish the number of placings made and jobs held and in order to obtain the views of outside agencies, employers and the clients themselves about the service offered.

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### Experiment D

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#### *Location*

20 This experiment would provide a separate service for the socially disadvantaged and would be based on a local office with an assessment unit and having an OGU.

#### *Identification*

21 The field from which people would be selected for assessment in this experiment would be the same as that set out in paragraph 16 above for Experiment C. The socially disadvantaged would be identified in this experiment by experienced Grade 6 officers on the lines set out in paragraph 17 above. Those identified would be referred to the Resettlement Officer for confirmation of their suitability for assessment.

#### *Assessment and Advice*

22 The Senior Resettlement Officer would carry out interviews and offer advice on the lines set out in paragraph 7.

#### *Placing or Other Action*

23 Clients would be referred back for placing to the Grade 6 officers concerned in the original identification who would refer to the Resettlement Officer if necessary.

#### *Follow-up*

24 This would again be identical to the action described in paragraph 9 above.

Annex C to Appendix 8    Estimate of staff requirements

Experiment A

TOTAL STAFF REQUIREMENTS

Identification	Resettlement Officer (Grade 5)	
	Grade 6	
	Careers Officer	
Assessment	Senior Resettlement Officer (Grade 4)	
	Medical Officer	
	Occupational Psychologist	
	Social Worker	
Advice	Senior Resettlement Officer	
Placing	Resettlement Officer	(for those needing special resettlement action or requiring solution of social problems)
	Careers Officer	(Young people)
	Grade 6	(for those not requiring special service)
Follow up	Resettlement Officer	} reporting to Senior Resettlement Officer
	Careers Officer	

ADDITIONAL STAFF REQUIREMENTS

- 1 Grade 4
- 1 Grade 5
- 1 Grade 6
- 1 Social Worker
- Possibly additional staff to cover specialists

Experiment B

TOTAL STAFF REQUIREMENTS

Identification	Resettlement Officer (Grade 5)
Assessment	Senior Resettlement Officer (Grade 4)
	Medical Officer
	Occupational Psychologist
	Social Worker
Advice	Senior Resettlement Officer
Placing	Resettlement Officer
Follow up	Resettlement Officer reporting to Senior Resettlement Officer

ADDITIONAL STAFF REQUIREMENTS

- 1 Grade 4
- 1 Grade 5
- 1 Social Worker
- Possibly additional staff to cover specialists

## Experiment C

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### TOTAL STAFF REQUIREMENTS

*Identification* Grade 6 referring cases to Senior  
Resettlement Officer  
*Assessment* Senior Resettlement Officer (Grade 4)  
*Advice* Senior Resettlement Officer (Grade 4)  
*Placing* Grade 6  
*Follow up* Senior Resettlement Officer

### ADDITIONAL STAFF REQUIREMENTS

1 Grade 4

1 Grade 6

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## Experiment D

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### TOTAL STAFF REQUIREMENTS

*Identification* Grade 6 referring to Resettlement  
Officer (Grade 5)  
*Assessment* Senior Resettlement Officer (Grade 4)  
Occupational Psychologist  
Social Worker  
*Advice* Senior Resettlement Officer  
*Placing* Grade 6 with reference to  
Resettlement Officer  
*Follow up* Resettlement Officer reporting to  
Senior Resettlement Officer

### ADDITIONAL STAFF REQUIREMENTS

1 Grade 4

1 Grade 5

1 Social Worker

Possibly additional staff to cover specialists

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## SUMMARY OF ADDITIONAL STAFF REQUIREMENTS FOR ALL FOUR EXPERIMENTS

4 × Grade 4s

3 × Grade 5s

2 × Grade 6s

3 × Social Workers

Possibly additional staff to cover specialists











